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ABSTRACT

Significant progress has been made through Medicaid and the Children's Health Insurance Program (CHIP) in recent years to get health insurance to families who cannot afford it. However, children being raised by their grandparents or other relative caregivers are often harder than other groups to reach through standard outreach activities. To find out about the barriers to enrolling children in kinship care families in health insurance programs and the strategies needed to eliminate these barriers, this national survey assessed the ability of grandparents and other relative caregivers to access health insurance coverage under Medicaid and CHIP. Findings were based on numerous data sources, including state responses to a survey, examination of Medicaid and CHIP brochures, application forms, and interviews with children's health and kinship care advocates. Findings indicated that all 50 states and the District of Columbia allow relative caregivers to apply for Medicaid and CHIP coverage on behalf of a child. In some states, however, there are serious barriers in accessing health insurance coverage: (1) restrictive state policies; (2) inconsistent policy implementation; (3) other barriers, such as perceived stigma from applying for government programs; (4) related health access and medical consent issues, such as difficulties authorizing medical treatment; and (5) caregivers overlooked in outreach materials and applications. (Five appendices describe the Children's Defense Fund's child health outreach resources and activities, list selected national kinship care organizations and resources, provide the survey questionnaire, detail resources on Medicaid and CHIP eligibility for immigrant children and families, and list children's health and insurance resources and organizations.) (KB)

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Healthy Ties: Ensuring Health Coverage for Children Raised by Grandparents and Other Relatives

A Look at Medicaid and CHIP Enrollment in the States

by Mary K. Bissell and MaryLee Allen

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THE RESULTS OF A NATIONAL SURVEY BY THE CHILDREN'S DEFENSE FUND

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About the Children's Defense Fund

The mission of the Children's Defense Fund is to *Leave No Child Behind*® and to ensure every child a *Healthy Start*, a *Head Start*, a *Fair Start*, a *Safe Start*, and a *Moral Start* in life and successful passage to adulthood with the help of caring families and communities.

CDF provides a strong, effective voice for *all* the children of America who cannot vote, lobby, or speak for themselves. We pay particular attention to the needs of poor and minority children and those with disabilities. CDF educates the nation about the needs of children and encourages preventive investments before they get sick, into trouble, drop out of school, or suffer family breakdown.

CDF began in 1973 and is a private, nonprofit organization supported by foundation and corporate grants and individual donations. We have never taken government funds.

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Dedication

This report is dedicated to the committed grandparents and other relative caregivers, godparents, friends, and neighbors in communities all across the country who are raising millions of America's children whose parents cannot care for them.

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Introduction

The Children's Defense Fund (CDF) believes that all children deserve a healthy start in life to help secure their happiness, well-being, and successful passage into adulthood. To make this goal an everyday reality, children need affordable, high quality health insurance to cover the rising costs of medical care. Tragically, too many children go without the health coverage they so desperately need. Today in the United States, 10.8 million children ages 18 and under do not have health insurance despite the fact that nine out of 10 of these uninsured children live in families with at least one parent who works.[1] Either these parents cannot afford the cost of family coverage through work or they represent the 25 percent of the workforce that cannot obtain any family coverage through their employers.[2] Without health insurance and the care it ensures, children suffer needlessly from untreated health problems and preventable illnesses. Conditions that could be eliminated through early diagnosis and treatment can become lifelong health problems, making it difficult for children to keep up in school, sustain healthy relationships, and stay hopeful about the future.

> "When I applied for [health] coverage for my granddaughter, they had me prove that I had the right to get her benefits. When you take your children's children for them without going to court, you have to fight for everything they need and deserve."
>
> **Nora Dunston,**
> **Grandparent Caregiver**
> **Baltimore, Maryland**

Good News for Uninsured Children

While the number of uninsured children remains unacceptably high, significant progress has been made in recent years to get health insurance to those families who cannot afford it. Free and low-cost health insurance is generally available to eligible children through two major federal programs: Medicaid and the Children's Health Insurance Program (CHIP).

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Introduction

Medicaid is a public health insurance program that for many years has covered the costs of medical care for qualified low-income children and adults. Medicaid is a federal program, but it is administered locally by each state. The cost of the Medicaid program is shared by federal and state governments and sometimes by local counties. States may receive funding for as many children and adults as are eligible for the program.

While there are certain basic federal rules and standards that dictate which children, adults, and services a state's Medicaid program must cover, states have a lot of discretion in how they administer their Medicaid programs. For example, states can set certain income eligibility guidelines and determine which of the optional Medicaid services they will provide. They can also decide which assets and resources should be considered in determining a child's or adult's eligibility for coverage.

All children who are eligible for Medicaid are also eligible for the Early and Periodic Screening, Diagnosis, and Treatment Program (also referred to as EPSDT). EPSDT provides children with preventive screening and testing, regular check-ups, and complete follow-up care, including treatment for any medically necessary services identified through EPSDT screens.

More than 20 million children currently have health insurance coverage under Medicaid. It is estimated that an additional four to five million children are eligible for Medicaid but have not been enrolled in the program.[3]

The Children's Health Insurance Program or **CHIP**, enacted by Congress in August 1997, provides states with a set amount of money to cover uninsured children with family incomes too high to qualify for Medicaid but too low to afford the costs of private health insurance. CHIP offers health coverage to uninsured children under age 19 whose family incomes are below 200 percent of the federal poverty level. States have the option of using CHIP funding to expand their Medicaid programs to cover more children, start or expand a separate state CHIP program, or set up a combination of these programs.

Under CHIP, states have flexibility in deciding which children will be eligible for health coverage under the program, which health and mental health services the program will provide, and how care will be delivered. In most states, CHIP covers, at minimum, regular check-ups, immunizations, prescription drugs, and hospital care for eligible children. Each state has a different name for its CHIP program (such as HealthyFamilies in California or HAWK-I in Iowa). Some states have combined their Medicaid and CHIP programs into one health insurance program for eligible children (such as Denali KidCare in Alaska or HUSKY in Connecticut).

More than three million children currently have health coverage under CHIP. It is estimated that an additional two million uninsured children are eligible for CHIP but have not been enrolled in the program.[4]

Reaching Out to Eligible Children and Their Families

With more than 60 percent of uninsured children eligible for coverage under Medicaid and CHIP,[5] actual enrollment in the programs should be considerably higher than it is currently. CDF and other concerned advocacy organizations, state agencies, communities, and individuals are working to increase the number of eligible children enrolled in these programs and to encourage their families to take full advantage of the health insurance coverage offered by Medicaid and CHIP. This outreach process involves providing basic information to families and addressing problems that make it difficult for them to access health coverage.

CDF's Child Health Implementation Project, along with CDF's state offices, is collaborating with state Medicaid and CHIP agencies, local children's health and kinship care advocates, policy makers, and community coalitions to increase the enrollment of eligible children in both Medicaid and CHIP. In addition, CDF's Sign Them Up! Web site provides advocates and families with information about each state's Medicaid and CHIP programs, eligibility guidelines, and the names of advocates working on children's health issues in local communities. (For a complete list of CDF's children's health insurance outreach activities, see Appendix A.)

Despite the success of these and other outreach efforts, serious roadblocks remain. Some states have made significant progress in educating families about the health insurance available through these public programs, but others have been slow to act. Inadequate outreach, complex application procedures, inconsistent policy implementation, poor training of Medicaid and CHIP staff and agency contractors, and other administrative barriers continue to prevent many eligible children from getting the health coverage they need and deserve.

Children in Kinship Care Families Face Special Barriers

In making sure that all eligible children have the health coverage they need, there are certain populations of children that are often harder to reach through standard Medicaid and CHIP outreach activities by state agencies and children's health advocacy organizations. Homeless children, children who do not speak English, children of migrant farm workers, immigrant children, and children living in remote rural areas, may find it particularly difficult to get basic information about available public health insurance programs and to obtain coverage under them. Another of these groups is children being raised by grandparents and other relative caregivers (or "kinship caregivers") without their parents present in the home.

This report focuses on children raised by kinship caregivers, recognizing that it is a growing population with a range of special physical and mental health needs. It is also a population of children that has often been overlooked, in some cases inadvertently, in Medicaid and CHIP policy development, implementation, and outreach by federal and state agencies administering public health insurance programs and by children's health advocacy organizations that are working to let families know about the availability of these programs.

"We see a lot of children raised by their grandparents, aunts and uncles, and others who come to us with no health insurance. Often, the caregiver will say that the caseworker told her that she needed legal custody papers to apply, or she applied and the child's Medicaid card never came. It's especially frustrating to us as health care service providers when we know children are eligible for coverage, but a bureaucratic problem is keeping them from getting it."

Brenda Shepherd-Vernon, Manager, Social Work, Child Life and Language Services, Children's National Medical Center, Washington, DC

Many state agencies and children's health advocacy organizations are simply unaware of the significant and growing number of children raised by kin and the unique barriers these families face. This lack of awareness is compounded by the fact that many kinship care families tend to go unnoticed by program administrators and policy makers. In addition, the families are often hesitant to apply to government programs that might require them to share personal information about their family situations.

Concerned agencies, organizations, and individuals can and should do more to help children in kinship care families access the health insurance coverage for which they are eligible. The purpose of this report is to provide the basic information needed to ensure that the children in these special families get the help they need. A companion brochure, "The Grandparent's and Other Relative Caregiver's Guide to Children's Health Insurance," also available from CDF, answers basic questions about CHIP and Medicaid.

Understanding the Needs of Kinship Care Families

In order to understand the importance of Medicaid and CHIP coverage for children raised by kinship caregivers, it is helpful to know more about some of the characteristics of these families and the challenges they commonly face:

- **Children raised by kinship caregivers represent a rapidly growing population.** It is estimated that 5.4 million American children are living in homes headed by a grandparent or other relative.[6] Due to substance abuse, abuse and neglect, mental and physical illness, incarceration, domestic violence, and other serious family and community problems, 2.1 million children living with grandparents and other relative caregivers do not have parents living with them in the home.[7] The number of these "skipped generation" households has grown dramatically over the past 10 years. Between 1990 and 1998 alone, the number of children raised solely by grandparents and other relative caregivers grew by more than 50 percent.[8] (For additional information on kinship care organizations and resources, see Appendix B.)

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- **Kinship caregivers in these "informal" family arrangements provide an invaluable safety net for children who might otherwise go into the publicly supported foster care system**. The vast majority of children in kinship care families are being raised by grandparents and other relatives outside of the foster care system. It should be noted, however, that almost one-third of the children under the supervision of the child welfare system are placed with kin in so-called "formal" kinship foster care arrangements. Because most children in foster care are automatically eligible to receive Medicaid as a condition of their state supervision, this particular population of children is not covered in this report.
- **Kinship caregivers often face enormous challenges in obtaining basic services and supports for the children they are raising.** Although kinship caregivers have assumed the role of parent to the children they are raising, their commitment is not always recognized by their local governments, schools, and communities. While some kinship caregivers have obtained legal custody or guardianship of the children under their care, many have not. For those caregivers without formal legal custody or guardianship, tasks as simple as enrolling a child in school, getting a child vaccinated, or adding a child as a tenant under a public housing apartment lease can be extremely difficult and sometimes impossible. Even when legal custody or guardianship is not explicitly required for these purposes, teachers, landlords, caseworkers, and health care providers may believe that legal authority is required and demand that the caregiver prove his or her legal relationship before they will help the child.
- **Grandparents and other relative caregivers may have difficulties in seeking legal custody or guardianship of the children they are raising**. Going to court to obtain legal custody or guardianship of a child can be adversarial, expensive, and emotionally difficult for the caregiver, the child, and the child's parents. The court process often requires the grandparent or other relative caregiver to challenge publicly the parents' ability to raise the child at a time when family cooperation and support are most needed. For example, if a parent is battling drug addiction and has agreed that his or her child is better off living with a relative while he or she undergoes treatment, the caregiver may be hesitant to exacerbate the situation by requiring the parent to formally relinquish his or her custodial rights before a court. Quality legal representation is costly, and there are not enough free legal services available for those families who cannot afford to hire private attorneys. Custody and guardianship cases also may be lengthy and procedurally complicated, especially in those situations where a child's parents cannot be located to be properly notified of the proceedings.

- **Children raised by kinship caregivers may have serious physical and mental health problems that require immediate attention and sometimes long-term treatment.** Children in kinship care families may have a range of unmet physical and mental health needs often related to the behavior or circumstances of the parents who are no longer raising them. These may include problems identified at birth such as drug addiction, low birthweight, Fetal Alcohol Syndrome (FAS), HIV/AIDS, and other physical and emotional disabilities. Problems after birth may include Attention Deficit Hyperactivity Disorder (ADHD), adjustment and attachment disorders, learning disabilities, and other mental health disorders. These needs, common among children raised by grandparents and other relatives, make access to health insurance coverage all the more essential for this group of children.
- **Children raised by kinship caregivers are more likely to be poor than children who are living with their parents.** More than one in four children living in grandparent-maintained households with or without parents present live in poverty, with the highest poverty rates for those children being raised by single grandmothers.[9] One study found that grandparent caregivers are 60 percent more likely to live in poverty than grandparents without the same full-time parenting responsibilities.[10] Even for those kinship care families not living in poverty, retired grandparents and other senior caregivers living on fixed incomes take on serious financial challenges when they unexpectedly assume the care of a child. Financial limitations in both low- and middle-income families make it difficult, if not impossible, for grandparents and other relative caregivers to afford health insurance for the children they are raising without financial assistance.
- **Children raised by kinship caregivers are less likely to have health insurance than children who are living with their parents.** One in three children living in grandparent-maintained homes in 1996 had no health insurance (as compared to one in seven children in the overall child population).[11] A more recent study by the Urban Institute found that only 49 percent of children in informal or "private" kinship care arrangements received the health insurance coverage for which they were entitled under Medicaid.[12] Since the primary source of private health insurance coverage for children is through their parent's employers, children living without parents present in the household are more likely to be without private health insurance than those living with their parents. Even when working grandparents and other relative caregivers receive private health coverage through their employment, often they are unable to cover the children they are raising under their plan or to purchase additional family coverage without adopting the children.[13]

- **Kinship caregivers may not know that free and low-cost children's health insurance programs exist or that they may apply for these programs on a child's behalf.** In kinship care relationships, often born of an unexpected family crisis, securing health insurance and other long-term benefits may take a backseat to caregivers' daily struggles to provide food, shelter, and badly needed emotional support for the children they are raising. Some grandparents and other relative caregivers may not even be aware that public health insurance programs such as Medicaid and CHIP exist. Those caregivers who do know about these programs may assume that they cannot apply on a child's behalf because they are not the child's parents or legal guardians or because their income, however limited, might make the child ineligible for health coverage through a public program.
- **Kinship caregivers report numerous barriers in enrolling the children they are raising in Medicaid and CHIP.** In CDF's ongoing discussions with kinship care families across the country, grandparents and other relative caregivers commonly identify the following problems when trying to enroll the children under their care in Medicaid and CHIP:
    - Outreach information on Medicaid and CHIP that leads kinship caregivers to assume that only a child's parent is eligible to apply for these programs on a child's behalf
    - Complicated application forms and burdensome documentation requirements
    - Medicaid and CHIP personnel with insufficient training on the eligibility rules that apply to children in kinship care families
    - Imposition of restrictive legal custody and guardianship requirements
    - Unnecessary requests for proof of caregivers' income and personal information when it is not necessary to determine a child's eligibility
    - A range of other administrative barriers

Survey Overview

To find out more information about barriers to enrolling children in kinship care families in health insurance programs and the strategies needed to eliminate them, CDF conducted a survey of all 50 states and the District of Columbia. It was designed to assess the ability of grandparents and other relative caregivers to access health insurance coverage under Medicaid and CHIP on behalf of the children they are raising. The primary goals of the survey were to:

- Identify and clarify individual state policies that guide Medicaid and CHIP enrollment of children raised by kinship caregivers
- Identify and understand the nature and extent of Medicaid and CHIP enrollment barriers affecting children raised by kinship caregivers
- Highlight effective strategies states are currently using to increase Medicaid and CHIP enrollment of children raised by kinship caregivers
- Gather information to provide federal, state, and local policy makers, state Medicaid and CHIP administrators, and children's health and kinship care advocates with new strategies to increase the enrollment of children raised by kinship caregivers in Medicaid and CHIP

"I have heard from a number of grandparents and other relative caregivers who either have not been informed or have been misinformed about their children's eligibility for public health insurance. Yet, perhaps an even greater concern is the enrollment process itself, which many relative caregivers find to be burdensome and demeaning."

Susan Brooks, Assistant Professor, Vanderbilt University School of Law, Nashville, Tennessee

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- Provide information and materials to help kinship caregivers get the Medicaid and CHIP coverage they need for the children they are raising

The survey findings were based on information from the following sources:

- **State responses to CDF's Medicaid and CHIP survey**. CDF staff sent a detailed survey to each state's Medicaid and CHIP program staff. The questionnaire was designed to clarify state enrollment policies that apply to children in kinship care families. For example, the survey asked whether or not a grandmother may apply for Medicaid and CHIP coverage on behalf of the grandchild she is raising, whether legal custody or guardianship is required in order to do so, and whether the state counts the kinship caregiver's income in determining a child's financial eligibility for these health insurance programs. (For a complete copy of the state Medicaid and CHIP questionnaire used in the survey, see Appendix C). Between June 2000 and January 2001, CDF staff received oral or written survey responses from Medicaid and CHIP program staff in all 50 states and the District of Columbia. States were given the opportunity to review the summaries of their Medicaid and CHIP kinship care policies that have been included in this report. (For a review of each state's summary, see the "States Snapshots" section of this report beginning on page 43.)
- **State Medicaid and CHIP brochures**. To ascertain how widely grandparents and other relative caregivers are referenced in outreach materials for the Medicaid and CHIP programs, CDF staff reviewed a copy of each state's Medicaid and CHIP brochures, where they were available.
- **State Medicaid and CHIP application forms**. CDF staff also conducted a comprehensive review of each state's Medicaid and CHIP application forms (in some cases, a combined application form) to assess their accessibility to kinship caregivers applying for health coverage for a child they are raising. Specifically, CDF staff looked at how the application described those adults eligible to apply for a child, whether the application included any specific references to kinship caregivers, and whether the application explained why certain information was requested and how it would be used.
- **Interviews with children's health and kinship care advocates**. CDF staff conducted phone interviews with children's health advocates and, where available, kinship care advocates in each state. In most cases, the advocates interviewed were part of CDF's state and local children's health and kinship care networks or were state contacts from Covering Kids®, a national health access initiative for low-income, uninsured children sponsored by the Robert Wood Johnson Foundation. CDF staff asked advocates to discuss their state's Medicaid and CHIP policies with regard to children living with kin and to identify any existing enrollment barriers. They were also asked to highlight any public or private health outreach initiatives specifically targeted towards kinship care families.

Executive Summary of Survey Findings

CDF's survey found encouraging news for grandparents and other relative caregivers seeking public health insurance under state Medicaid and CHIP programs for the children they are raising. All 50 states and the District of Columbia allow grandparents and other relative caregivers to apply for Medicaid and CHIP coverage on behalf of a child, most without requiring legal custody or guardianship or counting the caregiver's income in determining a child's eligibility.

At the same time, however, the survey found that in some states, children in kinship care families continue to face serious barriers in accessing health insurance coverage under these programs:

Restrictive State Policies. Most state Medicaid and CHIP policies allow kinship caregivers to enroll the children they are raising in Medicaid and CHIP without restrictions. A few states, however, have policies that require grandparents and other relative caregivers to obtain legal custody or guardianship before they can apply for Medicaid or CHIP coverage on a child's behalf, count the caregiver's income in determining a child's eligibility, or require burdensome documentation to prove blood relationship and full-time caregiver status. Such policies may discourage, delay, or prevent children in kinship care families from obtaining the health insurance for which they are eligible.

Inconsistent Policy Implementation. Too often, inclusive state Medicaid and CHIP policies for kinship care families are not implemented properly, resulting in the delay or denial of health coverage to eligible children. In some situations, caregivers may be given incorrect eligibility information, asked for unnecessary or burdensome documentation, or discouraged from applying for Medicaid or CHIP altogether because they are not the child's parents or legal guardians. These problems have several causes. In some cases, Medicaid and CHIP staff or those contractors to whom a state has delegated health insurance enrollment responsibilities have insufficient knowledge of and training on the proper enrollment policies regarding children in kinship care families or do not have the benefit of clearly written policy guidelines. Sometimes,

enrollment practices differ from county to county. In other cases, Medicaid and CHIP staff with negative attitudes or demeanors may discourage enrollment by kinship caregivers and others.

Other Barriers to Coverage. Children's health advocates and state Medicaid and CHIP staff interviewed pointed to a number of additional barriers that, while applicable to all eligible children, may raise special concerns for kinship care families. These problems included the perceived stigma associated with applying for government programs, the reluctance of grandparents and other relative caregivers to share personal information about their family situations, some immigrant families' mistrust of government programs, confusion about the medical child support requirements that apply to the child's parent, and unnecessary waiting periods for CHIP coverage.

Related Health Access and Medical Consent Issues. Although not specifically examined in CDF's survey, there are two additional barriers related to Medicaid and CHIP that may influence whether children with kinship caregivers will receive health care once they are enrolled in these programs. Grandparents and other relative caregivers who are able to enroll the children they are raising in Medicaid and CHIP may have subsequent difficulties authorizing medical treatment on behalf of the children they are raising if they do not have legal custody or guardianship. As with all families whose children receive Medicaid coverage, kinship caregivers may also have trouble finding health care providers who will accept the health insurance coverage provided under Medicaid.

Caregivers Overlooked in Outreach Materials and Applications. With some notable exceptions outlined in this report, kinship care families are often overlooked in informational brochures and other outreach materials publicizing the availability of state Medicaid and CHIP programs. Kinship caregivers are seldom mentioned specifically. "Parent" is the term most frequently used in describing who is eligible to apply for health insurance for a child. As a result, grandparents and other relative caregivers may not be aware that they can apply on behalf of the children they are raising. Application forms are similarly exclusive, often geared solely towards parents without adequate attention to or instructions for kinship and other caregivers who are not parents.

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Survey Findings

CDF's survey found that state Medicaid and CHIP enrollment policies are generally accommodating to children in kinship care families. All 50 states and the District of Columbia have policies that allow grandparents and other relative caregivers to apply for Medicaid and CHIP coverage on behalf of the children they are raising. In addition, most states policies:

- Do not require kinship caregivers to have court-ordered legal custody or guardianship in order to enroll the children they are raising in Medicaid or CHIP.
- Do not count the income of kinship caregivers in determining a child's financial eligibility for Medicaid or CHIP; only the child's income (e.g., trust fund, social security death benefits, or child support) is counted.
- Do not require kinship caregivers to submit any proof of the absent parent's income in order to enroll the children they are raising in Medicaid and CHIP (although the state may request information about the parent's whereabouts, income, and employment, for the purposes of pursuing medical child support).

> "Grandparents' experiences depend on the caseworker they get when they first apply [for health insurance]. There are some caseworkers who will bend over backwards to help people and others who will find anything wrong to make them think their children are ineligible."
>
> **Kim North, Covering Kids Coordinator, Harlan County, Kentucky**

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- Do not require kinship caregivers to prove their blood relationship to the child or their status as the child's full-time caregiver with formal documentation (e.g., birth certificate or affidavit) in order to apply for Medicaid or CHIP for the child.
- Do not require the child to have resided in the state or in the home of the kinship caregiver for a certain period of time before becoming eligible to receive Medicaid and CHIP coverage. Most states require only that the child live with the kinship caregiver at the time the application is made.

Some Restrictive State Policies Remain

Despite the flexibility of most state Medicaid and CHIP enrollment policies, a small number of states continue to maintain policies that may discourage, delay, and, in some cases, prevent eligible children in kinship care families from obtaining health insurance coverage under Medicaid and CHIP. While most state officials who responded to CDF's survey were previously unaware of the negative impact these policies may have on children raised by grandparents and other relative caregivers, these restrictive policies remain. They include:

Legal custody and guardianship requirements

Several states still require grandparents and other relative caregivers to obtain court-ordered legal custody or guardianship in order to obtain Medicaid or CHIP coverage on behalf of the children they are raising:

- **Virginia** is the only state that requires relative caregivers to have legal guardianship or to have initiated legal guardianship proceedings in order to obtain Medicaid for the children they are raising. Virginia policy states that caregivers who do not have legal guardianship upon initial application and are not willing to initiate guardianship proceedings should be referred to Child Protective Services, the state agency responsible for responding to child abuse and neglect. While this policy is outlined clearly in Virginia's Medicaid practice manual, it is unclear how widely it is implemented. Pursuant to a recent policy change in Virginia since the time of CDF's survey, parents may also sign a form designating a relative without legal custody or guardianship to apply for Medicaid or CHIP on their child's behalf. Without such authorization, Virginia also requires relative caregivers to have legal guardianship.
- **Florida and Montana** policies require grandparents and other relative caregivers to obtain legal custody or legal guardianship in order to apply for CHIP for the children they are raising. Montana's Medicaid and CHIP staff point out that the majority of children in kinship care families, however, qualify for the state's Medicaid program which does *not* require legal custody or guardianship for enrollment.

In those rare cases where a child's income is too high to meet Medicaid eligibility requirements, however, stringent legal custody and guardianship requirements for the state's CHIP program may leave some children without essential health coverage.

Legal custody and guardianship requirements keep otherwise eligible children in kinship care families from obtaining the health coverage they need. Too often, kinship caregivers cannot afford the high costs of obtaining legal custody or guardianship. Others may wish to avoid adversarial court proceedings that might compound the trauma the child has already experienced. In other situations, a caregiver may be wary of any situation that might involve Child Protective Services for fear that his or her child might be taken away. A child's health and well-being should not hinge on the formal legal relationship (or lack thereof) with the adult caregiver who has taken on the role of parent.

This is particularly true in Virginia where a caregiver intending to get health coverage for a child could end up with a referral to Child Protective Services if the stated policy is followed. Commenting on Virginia's policy denying grandparents and other relative caregivers the opportunity to apply for Medicaid and CHIP without legal guardianship unless they have written parental permission, Jill Hanken, Staff Attorney with the Virginia Poverty Law Center, points out "this [legal guardianship] requirement is a real problem. Grandparents who have been raising grandchildren for years can't even get a [health insurance] application filed."

Counting the kinship caregiver's income

Several states count the grandparent or other relative caregiver's income in determining whether a child meets the financial eligibility guidelines for Medicaid and CHIP:

- **Wyoming** counts the income of grandparents and other relative caregivers in determining a child's financial eligibility for Medicaid, but only in cases where a court has specifically ordered the caregiver to take on the financial responsibility for the child.
- **Colorado, Florida, Montana, Nevada,** and **Pennsylvania** count the income of grandparents and other relative caregivers in determining a child's financial eligibility for the states' CHIP programs. In Colorado, the relative caregiver's income is only counted if the caregiver is the child's legal guardian or if the caregiver provides at least 50 percent of the child's financial support. In Pennsylvania, the relative caregiver's income is counted only if the caregiver is the child's legal guardian or if the relative caregiver chooses to have his or her income counted in determining a child's financial eligibility.

Relative caregivers with fixed incomes, already stretched by their unexpected caregiving demands, may have enough money to make the child they are raising ineligible for Medicaid and

CHIP but far from enough to purchase private health insurance for the child. A child should not be denied health coverage based on the income of the kinship caregiver who has volunteered to care for him or her.

Proof of relationship and full-time caregiver status

Many states require grandparents and other relative caregivers to declare verbally to their Medicaid or CHIP eligibility worker or in writing on the application form that they are related to or are providing full-time primary care for the child on whose behalf they are applying. Two states impose more burdensome documentation requirements:

- **Oregon** requires kinships caregivers to prove their blood relationship to the child they are raising. **Tennessee** requires grandparents and other relative caregivers to prove their full-time caregiver status with formal documentation in order to apply for Medicaid and CHIP on behalf of the children they are raising.

Providing a birth certificate or other official document to prove blood relationship or caregiver status may be difficult if not impossible for a kinship caregiver who is not the child's legal custodian or guardian. Even if a birth certificate or other official document is available to the caregiver, it does not always prove the caregiver's relationship to the child, especially in the case of paternal relatives. In some cases, formal documentation requirements unnecessarily delay a child's enrollment in Medicaid and CHIP. As is the policy in most states, a relative caregiver's self-declaration of his or her relationship to the child and full-time caregiving status should be sufficient for enrollment purposes.

Countering with Good News: Reaching Kinship Care Families

- Georgia's video on PeachCare, the state's CHIP program, describes how to apply for the program, what services it provides, and how one grandmother used it to obtain health coverage for the granddaughter she is raising. The video is shown in doctors' offices and county departments of family and children's services. For more information, contact Fran Ellington, Georgia Department of Community Health at 404-651-9981.
- Utah features a family of three children being raised by their grandparents in its series of television and radio advertisements publicizing CHIP. Utah's CHIP office also created an informational video that explains what CHIP is, who is eligible, how to apply, and what services are covered. The video has been distributed widely to health care providers, schools, child care facilities, clinics, hospitals, and Native American tribal organizations. It is also used to educate caseworkers about CHIP. For more information, contact Chad Westover, Utah Department of Health at 801-468-0014.

Inconsistent Policy Implementation Problematic for Kinship Care Families

CDF's survey found that inclusive state policies for kinship care families are not always uniformly implemented by state Medicaid and CHIP staff and agency contractors supervising the enrollment process at the local level. While discrepancies in policy and practice are often inadvertent, they result in mistakes that may discourage, delay, or prevent eligible children from getting the health coverage they need. Caregivers may be given incorrect information about their children's eligibility for Medicaid and CHIP, asked for unnecessary or burdensome documentation, or told that they cannot apply for Medicaid and CHIP because they are not the child's parents or legal guardians. In the District of Columbia, for example, Kim Bell, Project Director for the DC Action for Children Covering Kids Program, points out that even though a caregiver's legal status and income are not to be considered in determining a child's eligibility for health coverage, sometimes caseworkers may request related documents anyway, thereby discouraging some grandparents and relatives from applying for health coverage on behalf of eligible children.

Children's health advocates and state Medicaid and CHIP staff cited several reasons for inconsistent implementation of policies as applied to children in kinship care families:

State Medicaid and CHIP personnel with insufficient knowledge and training

The most common reason kinship care families may receive incorrect information is that frontline Medicaid and CHIP staff and, in some cases, the state agency contractors responsible for enrollment are unaware of the correct enrollment policies that apply to children being raised by grandparents and other relative caregivers. Advocates report that, with some exceptions, kinship care families are not a population that receive significant attention in trainings and policy updates for the supervisors, frontline staff, and state contractors responsible for overseeing Medicaid and CHIP enrollment at the local level. Shirin Cabraal, a staff attorney at Legal Action of Wisconsin, points out that in her state, for example, the kinship care population is really hurt by some staff workers' lack of familiarity with the state's Medicaid and CHIP regulations as they apply to kinship care families. Advocates further note that misinformation about how to treat children living with kin may be particularly common in offices where staff members are responsible for administering several different federal and state programs, each with different, sometimes conflicting, eligibility guidelines.

Another barrier identified by children's health advocates and state Medicaid and CHIP staff is the lack of consistent written policies and policy manuals. Such materials can help to ensure that policy is implemented consistently and provide Medicaid and CHIP staff and outside advocates with clear guidance on what policies apply, especially to children in special situations. Advocates report that policy manuals are often unavailable, are not updated regularly, or do not address the specific needs of kinship care families.

"By and large, family members seeking information on children's health insurance are working caregivers who tell us that they don't know where to go or who to ask for assistance. Often, caregivers voice major concerns about applying for health insurance. They fear the involvement of the Department of Human Services, or worse, that the children in their care will be taken back by their substance-abusing parents."

Sandra Campbell-Jackson, Executive Director, Grand Central, Kinship Care Resource Center, Philadelphia, Pennsylvania

Negative attitudes among frontline staff

While emphasizing that it is not a problem in all cases, advocates in several states cited poor attitudes by Medicaid and CHIP caseworkers as another serious barrier to maximizing the enrollment of all children, including those raised by grandparents and other relative caregivers. A caseworker who lacks a "client-friendly" demeanor can be particularly discouraging for grandparents or other relative caregivers who are already concerned about the stigma of applying for government services or sharing personal information about their family situations. Advocates repeatedly emphasized that even one unpleasant encounter with an unhelpful caseworker may discourage grandparents and other relative caregivers from applying, not only for Medicaid and CHIP, but for other programs that may provide help for the child (e.g., Temporary Assistance for Needy Families (TANF) and food stamps). While it is not always the case, "workers sometimes treat families poorly and as if they were asking for a handout rather than accessing health care for the children they are helping out," says Kathy Emmons of Wyoming Children's Action Alliance. Adds Kim North, the Covering Kids Coordinator for Harlan County, Kentucky, "Grandparents' experiences depend on the caseworker they get when they first apply [for health insurance]. There are some caseworkers who will bend over backwards to help people and others who will find anything wrong to make them think their children are ineligible."

Inconsistent policy implementation across counties

In general, state Medicaid and CHIP staff interviewed in the survey reported that there is little or no county-to-county variation in states' implementation of Medicaid and CHIP enrollment policies. Children's health advocates sometimes disagreed. Particularly in county-administered states where programs and services are overseen primarily on the local level, advocates reported significant discrepancies in the implementation of state Medicaid and CHIP policies from county to county that negatively impact eligible children in kinship care families. "Although the state may set a certain policy," says Deena Lahn, State Director of the Children's Defense Fund's California office, "there are considerable variations in practice from county to county. This is a significant barrier to families because, depending on what county you live in, the application of eligibility rules may be different."

The inconsistent implementation of policy across counties was attributed to differences in levels of financial investment in management and training of staff, the quality of local administrators, and the demographics of each county. For example, large urban counties that deal routinely with

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children raised by kin are more likely to be well-versed and consistent in the application of appropriate enrollment policies than counties where kinship care families are fewer in number.

Additional Enrollment Barriers

CDF's survey identified several additional enrollment barriers that, while problematic for all families applying for health insurance coverage for their children under Medicaid and CHIP, are also important to mention given their potential application to kinship care families. These problems include:

Stigma associated with applying for government programs

Advocates report that kinship caregivers may be especially reluctant to apply for Medicaid and CHIP coverage for their children because they may be ashamed to share painful personal information about why they are raising their relative's children. Moreover, applying for Medicaid or CHIP may be the first time that some caregivers have ever applied to a government program for support. Like other families worried about the stigma of welfare, caregivers may be afraid they might be unfairly stereotyped by government workers and even their family and friends as "looking for a handout" or not being able "to take care of their own." Mary Ann Calahan, Director of Medicaid Policy at the Tennessee Department of Human Services, points out that the stigma of receiving government benefits can be particularly intense for older caregivers. Several children's health advocates and state Medicaid and CHIP staff interviewed emphasized that eliminating the need for face-to-face interviews with eligibility caseworkers by making mail-in applications available to applicants is extremely useful in addressing this problem.

Special concerns of immigrant families

Even though Medicaid and CHIP eligibility is based only on the immigration status of the child, grandparents and relative caregivers from other countries who are living in the United States may be concerned, like many parents, that they will be required to document their own legal status or that of other family members in the household in order to enroll the children they are raising in Medicaid or CHIP. Advocates report that there may be confusion, particularly in those families in which some children may be eligible for Medicaid and CHIP and other children in the family are not. In addition, caregivers may be afraid that involvement with any government program, even voluntarily applying for children's health coverage, may subject them or other undocumented family members to government harassment or deportation.

These fears may be reinforced by state Medicaid and CHIP applications, many of which ask for information about the parent or caregiver's immigration status without explaining how that information will be used. Misconceptions about Medicaid and CHIP enrollment procedures may also be particularly intense for families who do not speak English. They may have trouble reading

outreach materials or communicating with the caseworker handling their child's application. Too often, advocates report, caseworkers must rely on an applicant's family members to provide translation services throughout the course of the enrollment process, which sometimes leads to misinformation about the programs. Improvements are being sought to remedy this problem, however. Federal law now requires language assistance in the enrollment and delivery of health services through the Medicaid and CHIP programs. The Department of Health and Human Services' Office of Civil Rights has issued policy guidance on the prohibition of discrimination as it affects persons with limited English proficiency.[14]

Some advocates pointed to additional problems with specific immigrant populations in their states. In Minnesota, for example, Emily Williamson of CDF's Minnesota office has received several reports that Somali families in the Minneapolis area have had trouble establishing their relationship to the children for whom they have been caring. Some families reported that they had even been asked to draw their family trees in order to apply for benefits. (For resources to address Medicaid and CHIP enrollment barriers facing immigrant families, see Appendix D.)

Reluctance to cooperate with state medical child support requirements

Many states require grandparents and other relative caregivers applying for Medicaid and CHIP on behalf of a child they are raising to provide basic information about the whereabouts, employment, and income of the child's parents. While this information is not required to determine a child's eligibility, states may request it for the purposes of pursuing medical child support from an absent parent. Federal law requires that all states collect medical child support, where available, from the non-custodial parent of a child receiving Medicaid. For those parents who have access

Finding Help: A Compass for Caregivers

The New Jersey Kinship Navigator Program is an information and referral service that informs grandparents and other relative caregivers about all the various federal and state programs and services for which they are eligible. The program provides a toll-free telephone number and a brochure describing relevant programs and services that is distributed to senior centers, county offices on aging, and other locations that serve kinship care families. Among its other services, the New Jersey Kinship Navigator Program provides applications for New Jersey's CHIP program, NJ Family Care, to caregivers who need assistance in obtaining health insurance for the children they are raising. Funding for the program has been increased recently to offer additional services such as child care, support groups, respite care, help with housing issues, and legal assistance to kinship care families. For more information, contact the New Jersey Kinship Navigator Program at 1-877-816-3211.

to private health care coverage through employment, medical child support requires the parent to insure the child or cover the costs of such coverage as part of his or her regular child support payment. The rationale behind medical child support is that if private health insurance is already available to the child through the parent, the state should be reimbursed for the cost of public health coverage.

Despite medical child support requirements, many grandparents and other relative caregivers may be reluctant to provide personal information about the child's parents, especially when a parent is already struggling with serious personal problems. This reluctance is even greater in circumstances where one of the child's parents has acted violently in the past or might threaten to take the child from the caregiver in retaliation for "getting the government involved." In these types of situations, some states will allow custodial parents, grandparents, and other relative caregivers to decline to provide the information required for medical child support. However, these so-called "good cause exceptions" are not always explained to caregivers in the enrollment process. As a result, caregivers may choose to forego Medicaid and CHIP coverage for the child rather than risk providing information about the child's parents. Barbara Luksch, Project Director of Hawaii's Covering Kids, points out that in her state, for example, "more needs to be done to explain the relationship between health insurance and child support so that the caregiver understands when and why the state will go after child support from the child's parents if [public] health insurance is obtained for the child."

Waiting periods for CHIP

Uninsured children who are not eligible for Medicaid may have to contend with "waiting periods" when they apply for coverage under a state's CHIP program. Approximately half of the states currently require that a child be without private health coverage for a certain period of time before becoming eligible for coverage under the state's CHIP program. These waiting periods, which generally range from three to six months, are a response to a federal requirement that states adopt procedures as part of their CHIP programs to ensure that public funds are not used as a substitute for private health insurance coverage already available through the parents' employer. While there is little evidence that this so-called "crowd-out" actually occurs, waiting periods instituted in response to this perceived problem may cause gaps in coverage for some children who must go without health insurance.

Waiting periods can be particularly problematic for children in kinship care families whose parents become suddenly unavailable due to a family crisis, especially when the child has immediate physical or mental health needs related to abuse or abandonment by his or her parents. It is important to note, however, that some states will exempt children from waiting periods in certain cases (e.g., where the insurance is lost because the parent dies, the family moves out of the service area, etc.) that may apply to children in kinship care families.

Poor communication between Medicaid and CHIP and other government benefits programs

The majority of children raised by kinship caregivers have incomes low enough to qualify them for Medicaid. In addition, federal law requires that a child be evaluated for Medicaid eligibility before being considered for CHIP coverage. However, grandparents and other relative caregivers may choose to apply for CHIP coverage first, either because they have heard more about the CHIP program, they believe their incomes will make the child ineligible for Medicaid coverage, or they believe CHIP carries less stigma than Medicaid. In states where Medicaid and CHIP programs are administered by separate divisions of the same agency or by different agencies, advocates report that, too often, CHIP administrators do not conduct adequate follow-up to make sure that children who do not qualify for CHIP are properly referred to and enrolled in Medicaid.

In Georgia, for example, Linda Lowe, Health Policy Specialist with the Georgia Legal Services Program, points out that there are "significant communication problems between Medicaid and PeachCare [the state's CHIP program] in processing and following up on some applications. When PeachCare determines that a child is probably eligible for Medicaid, there has been little tracking to make sure the child gets it. However, the state has recently implemented procedures to correct the eligibility determination problem for children qualifying for Medicaid." Other states are working to solve this problem as well. In Iowa, for example, Medicaid eligibility workers have been placed in the HAWK-I office (the state's CHIP program) to process those applications referred to Medicaid.

Another problem occurs in situations where a child was previously enrolled in Medicaid or CHIP, and paperwork must be transferred from the child's parent to the grandparent or other relative caregiver who has taken over the care of the child. In these cases, a child's health coverage may be suspended, sometimes for several months, until the bureaucratic complications are resolved.

Advocates add that state Medicaid and CHIP agencies could also improve communication and linkages with other government benefits programs. "When grandparents and other relative caregivers apply for Temporary Assistance for Needy Families (TANF), for example, it's the perfect time for someone to facilitate their grandchildren's enrollment in TennCare [Tennessee's public health insurance program]," says Susan Brooks, Associate Professor at Vanderbilt Law School and Director of the Juvenile Practice Clinic. "Unfortunately, that does not always happen." Some states, like Hawaii, are working to make these important program linkages for kinship care families. "We definitely tell grandparents who come in to apply for health coverage to apply for Temporary Assistance for Needy Families (TANF) and other benefits as well," says Ann G. Tam Sing, Eligibility Branch Administrator for the Hawaii Department of Human Services.

Related Health Care Access and Medical Consent Issues

Although not specifically examined in CDF's survey, children's health advocates highlighted two additional health care concerns that may significantly affect kinship caregivers' ability to obtain health care for the children they are raising:

> "Some of the kinship caregivers I work with have been redirected to CHIP because they are told that their assets or their incomes make them ineligible for Medicaid. In some instances, the co-payments required by CHIP are prohibitive, and the children have to go without services, especially mental health treatment."
>
> **Dee Ann Newell, Centers for Youth and Families, Little Rock, Arkansas**

Problems with medical consent

Once they successfully enroll the children they are raising in a state's Medicaid or CHIP program, many kinship caregivers may find that they are unable to authorize medical care on behalf of a child without the consent of the child's parent or proof of legal custody or guardianship. Because of malpractice and liability issues, many health care providers may refuse to treat a child without the consent of a parent or legal custodian or guardian even when the child has health insurance to cover the costs of the care.

Twenty-four states have addressed this problem by passing medical consent laws that allow parents to sign a consent form authorizing grandparents and other relative caregivers to obtain medical treatment for their children even when the caregivers do not have legal custody or guardianship. In addition, some states have power of attorney or similar laws that may be used to authorize a designated third party to consent to medical care on a child's behalf. Even in those states that have medical consent and flexible power of attorney laws, however, there may be situations where the parent is not available to sign the medical consent or power of attorney form or refuses to sign it. In these cases, a caregiver may still have difficulty finding a health care provider willing to treat the child, even if the child is covered by Medicaid or CHIP.

Lack of available health care providers under Medicaid

While not a new problem or one that is limited to kinship care families, grandparents and other relative caregivers may also have difficulty finding health care providers who will accept health insurance coverage under Medicaid, primarily due to low payment rates, burdensome administration requirements, and inefficient payment systems. Ellen Gradison of the Oregon Law Center says that in her state, for example, "even if caregivers can get health coverage for children, there may be no providers to provide care under these programs." Finding health care providers who accept Medicaid is also challenging in rural areas where there are fewer health care providers than in larger communities. In some rural parts of Maryland, for example, "many caregivers cannot find health care providers who will accept state [health] insurance coverage," says Myra White-Gray, Kinship Care Program Analyst for the Maryland Department of Human

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Resources. "This is especially true for mental health and dental services, but we are working with our local staff to eliminate these barriers." (For more information about this problem and other barriers to the enrollment of eligible children in Medicaid and CHIP and strategies for addressing them, see CDF's *All Over the Map: A Progress Report on the State Children's Health Insurance Program* by logging on to www.childrensdefense.org.)

Kinship Care Families Often Overlooked in Medicaid and CHIP Outreach Activities

Inclusive state Medicaid and CHIP enrollment policies and consistent implementation of these policies are essential for kinship care families and for all families seeking health coverage for their children. To maximize the enrollment of eligible children in Medicaid and CHIP, families must first be educated about the existence of these programs, what they offer, and how to apply for them.

State agencies conduct a variety of outreach activities to let families know about the availability of the free and low-cost health coverage offered by Medicaid and CHIP. Common publicity techniques include radio, television, and newspaper ads, free merchandise, billboards and posters, and brochures and other written materials that Medicaid and CHIP outreach staff distribute at local malls, health fairs, school and sporting events, and other locations where children and families are most likely to be found.

In addition to Web sites that provide basic information about the state's health insurance programs, most states also have a toll-free number or children's health hotline staffed by Medicaid and CHIP personnel who are available to answer questions from the public, mail out application forms, and provide directions to the nearest application sites. Other efforts to simplify the application process, such as mail-in applications that can be submitted without a face-to-face interview, have also proven to be enormously successful in making families aware of these programs and encouraging them to apply.

Private, nonprofit children's health organizations and other advocacy organizations conduct their own outreach activities to expand on those initiated by states. Organizations like CDF, Covering Kids, and hundreds of other national, state, and local groups are also working to spread the word about Medicaid and CHIP.

Although the quality and success of public and private outreach efforts vary considerably, some states and children's health advocacy organizations have used outreach tools quite effectively to increase the enrollment of children in state Medicaid and CHIP programs. Even in the most extensive outreach campaigns, however, kinship care families and other hard-to-reach populations have often been overlooked. Basic outreach messages designed to encourage the enrollment of children are often geared solely toward parents, leading some grandparents and other relative caregivers to assume that only parents need apply. As more information becomes available about

children raised by kin and other hard-to-reach populations, state Medicaid and CHIP programs and other children's health advocacy organizations must expand their outreach messages to ensure that no group of children is left behind.

Advocates and state Medicaid and CHIP staff interviewed emphasized that more inclusive and targeted outreach by state Medicaid and CHIP agencies and other children's health advocacy organizations would be particularly helpful to kinship care families for a number of reasons:

Lack of knowledge that free and low-cost health insurance is available through Medicaid and CHIP

Advocates explain that many kinship care families are often struggling just to stabilize the children they have taken in, find them food and clothing, enroll them in school, and enlist the help and support of other family members to aid in these efforts. Often, caregivers in crisis have little time to think about next steps such as going to court to obtain legal custody or guardianship, transferring public benefits, or applying for health insurance.

Those caregivers in a position stable enough to recognize the need for health insurance may not even consider that it could be available through public programs. "Plenty of room exists for children to be enrolled [in these health insurance programs]," says Angie Rodgers, Program Associate for the Children's Action Alliance in Phoenix, "but caregivers need to know about these programs and their children's eligibility for them." Moreover, senior caregivers, unlike the child's younger parents, may not have regular contact with the government agencies, schools, and children's service organizations that are most likely to provide information about these programs. "Grandparents tend to be isolated from the system," says Alana Aronin of the Michigan Council for Maternal and Child Health. "Non-parent caretakers are already overwhelmed and may not know what services are available to help them."

Targeted Outreach Brochure for Kinship Care Families

Ohio has created a brochure about Healthy Start, the state's health insurance program, specifically designed for grandparents raising their grandchildren. The brochure is widely distributed at senior health fairs and other outreach presentations aimed at kinship care families. The brochure provides a toll-free number caregivers can call for help in completing an application and describes what health services are covered. It also makes it clear that a caregiver's income is not counted in determining a child's financial eligibility and that legal guardianship is not required for a caregiver to apply. For more information, contact Toni Forston-Bigby, Department of Job and Family Services, Office of Ohio Health Plans, Consumer & Program Support at 614-728-8476.

Lack of awareness about available programs is particularly common in remote, rural areas where information about health insurance coverage may not be as readily accessible. In Tennessee, for example, Elizabeth Black, Kinship Care Program Coordinator for the Tennessee Department of Children's Services, found that when she held a series of meetings with grandparent caregivers in rural counties, they were often unaware that they could apply for health coverage on their grandchildren's behalf. While the Tennessee Kinship Care Program and other state initiatives are working to reach out more broadly to these families, a lack of awareness remains.

In addition, kinship caregivers are often unaware that Medicaid coverage may be available to help them pay for *past* medical bills they have incurred on behalf of the children they are raising. Medicaid covers medical expenses in the three months prior to the month the Medicaid application is actually submitted if all eligibility requirements for the child would have been met during this period. This three-month retroactive eligibility is particularly important for kinship care families who may not find out that their children are eligible for Medicaid until a medical crisis occurs. Three-month retroactive eligibility should also apply to CHIP programs that are expansions of state Medicaid programs.

Mistaken assumptions about their child's financial eligibility for Medicaid and CHIP

Some grandparents and other relative caregivers may assume that their income, however limited, makes the child they are raising ineligible for public support. Celia Valdez, Project Director for Outreach and Eligibility with California's Maternal and Child Health Access, points out that in her state, "grandparents and other caregivers are usually not sure if their state [program] counts their income in determining a child's eligibility [for health insurance]. The state needs to provide clearer guidance on this issue." Carla Chavez, Project Director for New Mexico's Covering Kids, adds that in her state, "sometimes grandparents may think 'if the private insurance I pay for won't cover the children, then why would the state?' They need to know that public coverage is available." Grandparents and other relative caregivers also may assume the child they are raising is not financially eligible for Medicaid and CHIP because the child has been turned down previously for another government program with different income eligibility guidelines. For example, food stamps is a government program that counts the income of all the members of the household, including relative caregivers, in determining a child's eligibility.

Mistaken assumptions about their legal authority to apply for Medicaid and CHIP for their child

Caregivers who are aware that health insurance is available through Medicaid and CHIP may assume that only a child's parent or legal guardian may enroll the child in these public health insurance programs. This is especially true if the grandparent or other relative caregiver has already been asked for proof of her legal relationship to the child by the child's school, health care provider, or other government officials. Tracy Palmer, Project Director of Covering Alabama

Kids, points out that in her state "there seems to be a general misunderstanding about whether or not grandparents and other relatives can apply for Medicaid and ALL Kids [Alabama's CHIP Program]. The written policy allows it, but many caregivers still assume they must have legal guardianship to enroll the child they are raising." In some states, this assumption may be reinforced by outreach materials that refer explicitly only to "parents" (and, in some cases, "legal guardians"). Without adequate training, Medicaid and CHIP caseworkers, agency contractors, and children's health hotline staff may also reinforce this misinformation.

Unfamiliarity of Medicaid and CHIP staff with the growing numbers of kinship care families

CDF's survey found that a significant number of state Medicaid and CHIP agency staff interviewed were generally unaware of the growing number of kinship care families in their state, the unique set of barriers facing these families, and the need for more effective outreach to this population. Even in those states where other state agencies had extensive contact and interaction with kinship care families (e.g., states that offered support groups and other programs through state Departments of Aging and Human Services), general information about the needs of grandparents and other relative caregivers and the children they are raising did not always reach the state agencies administering Medicaid and CHIP.

Some state Medicaid and CHIP officials pointed out that with so many needy populations of children, many of which are larger and more difficult to reach than those in kinship care families, Medicaid and CHIP programs simply did not have resources to target this particular group with specific outreach activities. They did, however, acknowledge the need to include these families more broadly and effectively in their general outreach efforts.

Some State Hotlines Mislead Kinship Care Families

Just as careful training is important for frontline supervisors, caseworkers, and private contractors overseeing the Medicaid and CHIP application and enrollment processes in states, it is equally important for staff members answering questions through states' Medicaid and CHIP toll-free telephone information lines. Calling the information line listed on state outreach materials may be a caregiver's first and only contact with a state's Medicaid and CHIP personnel, so it is essential that the information provided is accurate.

In reviewing each state's Medicaid and CHIP brochures, CDF staff called the general information or toll-free number listed, where available, to ask the staff manning the phone line if grandparents and other relative caregivers are allowed to apply for Medicaid and CHIP on behalf of a child they are raising and, if so, whether legal custody or guardianship is required to do so. While many states provided the correct information about the state's enrollment policies as they apply to children in kinship care families, several states gave out information that contradicted state policies.

The staff member who answered Alabama's information line, for example, told CDF staff that a grandparent must legally adopt the child in order to apply for Medicaid and CHIP on a child's behalf, even though the state has no such requirement. Operators in Michigan, Tennessee, and Vermont specified that a grandparent or other relative caregiver must have legal custody in order to apply for Medicaid and CHIP, even though state policies do not require legal custody. In Virginia, the only state that actually requires legal guardianship for a caregiver to apply for Medicaid and CHIP, the CDF staff member was told that only a parent could apply on a child's behalf. In Indiana, the staff member answering the phone simply did not know whether or not grandparents and other relatives could apply and did not offer to return the reviewer's call with the correct information.

"They're Not Talking to Me": A Review of State Medicaid and CHIP Outreach Brochures

While states use many different tools to publicize the availability of Medicaid, CHIP and other public health insurance programs, they often use the same basic message in all of these activities. To ascertain how effectively states include grandparents and other relative caregivers in their outreach messages, CDF staff reviewed, where available, each state's most basic written outreach materials — their Medicaid and CHIP brochures. Reviewers were asked to keep one overarching question in mind as they analyzed each of the state brochures: would grandparents and other relative caregivers reading this brochure understand that it included them and the children

they are raising? With some exceptions, CDF staff who reviewed the Medicaid and CHIP brochures found that kinship care families are often overlooked. More specifically, CDF staff found that most state outreach brochures:

- **Fail to make it clear that kinship caregivers can apply for Medicaid and CHIP on a child's behalf.** All 50 states and the District of Columbia allow grandparents and other relative caregivers to apply for Medicaid and CHIP on behalf of the children they are raising, but very few make this policy clear in their basic outreach materials. The vast majority of states refer only to "parents" or "working parents." Some states refer only to the "eligible child." Others use more neutral terms, such as "family," "working families," and "adults applying for a dependent child." Moving in a positive direction for kinship care families, a minority of states makes it explicitly clear that grandparents and other relatives may apply for coverage on behalf of the children they are raising. Washington, for example, specifically refers to "caretakers of children that are not biological children, adopted children or legal dependents" in its definition of who may apply on a child's behalf. Ohio has created a separate brochure specifically designed for grandparents and other relative caregivers.
- **Fail to make it clear that legal custody or guardianship is not required for a kinship caregiver to apply for Medicaid and CHIP on a child's behalf.** Most states fail to mention that legal custody or guardianship is not required in order for grandparents and other relative caregivers to apply for Medicaid and CHIP on behalf of a child they are raising. Some states use the term "parent or guardian," suggesting that legal guardianship is required to apply even when it is not. Two exceptions are Ohio and New Jersey, whose brochures clearly state that legal custody and guardianship are not needed to apply for Medicaid and CHIP on behalf of a child.
- **Fail to make it clear that the income of grandparents and other relative caregivers will not be counted in determining a child's financial eligibility for Medicaid and CHIP.** Many of the states' Medicaid and CHIP brochures include income guidelines to help families determine whether their children will be financially eligible for Medicaid and CHIP. Unfortunately, the vast majority of state brochures do not make it clear that these income guidelines apply to only parents, not to grandparents and other relative caregivers whose income is generally not counted in determining a child's financial eligibility for coverage. There are several exceptions, however. Alaska, New Jersey, Ohio, and South Dakota, for example, clearly state that only a parent's income will be counted in the determination of a child's financial eligibility for Medicaid and CHIP.

Taking on the Challenges of Rural Outreach

North Dakota is working to overcome the special challenges that many rural states face in reaching out to kinship care families. In one initiative, North Dakota Healthy Steps, the state's CHIP program, distributed informational packets about Medicaid and Healthy Steps programs to nurses associated with local faith-based organizations to share with relative caregivers on home visits. In another, the North Dakota Department of Transportation added, at no cost, a Healthy Steps insert to a letter reminding drivers to renew their licenses. In a third initiative under development, the Department of Health will fund outreach workers to reach out to tribal elders on Native American reservations, an especially important group given the culture of extended family among the tribes being served. For more information, contact Camille Eisenmann, North Dakota Healthy Steps at 701-328-2323.

Filling Out Forms: A Review of State Medicaid and CHIP Applications

Children's health advocates interviewed as part of CDF's survey repeatedly emphasized the importance of the Medicaid and CHIP applications as an effective, and often overlooked, outreach tool. In some cases, the application represents the first and only contact a grandparent or other relative caregiver may have with the state's Medicaid and CHIP programs. Therefore, applications that are most effective in encouraging enrollment by kinship care families on behalf of the children they are raising are those that are geared broadly to non-parent caregivers as well as parents. In conducting its survey, CDF staff reviewed each state's Medicaid and CHIP applications (in some cases a combined application) to identify specific strengths and weaknesses in encouraging kinship caregivers to apply on a child's behalf.

As was the case with many of the state's Medicaid and CHIP brochures, CDF reviewers found that many state application forms were geared solely towards "parents" or, in some cases, "legal guardians." While some states specified that grandparents and other relatives could apply for Medicaid or CHIP on behalf of a child they are raising, few states made it clear on the application form that legal custody or guardianship is not required in order to apply. While most applications requested information about income, citizenship status, health insurance, medical and other personal data from parents applying on behalf of their children, relatively few Medicaid and CHIP applications made it clear that grandparents and other relative caregivers were not required to fill out these sections of the application forms. Similarly, many applications requested accompanying documentation to be submitted with the application, such as birth certificates and pay stubs, but generally did not specify which of the documentation requirements were waived for non-parents.

Partnerships that Work for Kinship Care Families

- Wyoming's Covering Kids program partners with other state agencies and private organizations to spread the word about CHIP and Medicaid to kinship care families. In partnership with the Joint Outreach Information Network, it created a brochure called "Spanning the Generations" that explains, in addition to other useful health information, that kinship caregivers may apply for health insurance for the children they are raising. The brochure will be distributed to senior centers, family services centers, and other locations. For more information, contact Christina Musante with Wyoming's Covering Kids at 307-777-7574.
- Kentucky educates kinship care families widely about the availability of KCHIP, the state's health insurance program, through a partnership between the Office on Aging's Kentucky KinCare Project and the Governor's Cabinet for Children and Families. The KinCare Project sponsors several support groups for grandparents raising their grandchildren that meet in Family Resource and Youth Service Centers attached to local schools across the state. The support groups regularly feature speakers on KCHIP. For more information, contact Bill Montgomery, Kentucky KinCare Project, at 502-564-6930.
- Some states have found that the best way to reach grandparent and other relative caregivers is to outstation Medicaid and CHIP caseworkers in other state offices that serve seniors. The Oklahoma Department of Human Services (DHS) stationed workers in Social Security offices around the state. When kinship caregivers came to discuss their Social Security or SSI benefits, they were referred to the DHS worker who helped them apply for SoonerCare, the state's health insurance program, for their children. That project continues on a smaller scale today. DHS representatives are stationed at several Social Security offices on a part-time basis. Even in those offices without a DHS representative, Social Security staff are trained to inquire about children in the care of relatives and to provide information about SoonerCare where appropriate. For more information, contact Nancy Staffins, Oklahoma Health Care Authority, at 405-522-7107.

Another problem identified by CDF staff reviewers was that state applications commonly asked for income and related information about the child's absent parents, but failed to specify why the information was needed and how it would be used. While several state Medicaid and CHIP applications clearly outlined the circumstances under which caregivers could refuse to share information about the child's parents, the vast majority of applications did not explain "good cause" exemptions to medical child support requirements.

While not specifically related to the needs of kinship care families, CDF reviewers also identified problems in several of the state applications that affected overall accessibility. With some notable exceptions, applications were often provided without clear instructions or, in some cases, any instructions at all. Several states' Medicaid and CHIP applications were excessively long, complicated to fill out, and generally hard to understand. Other applications used small font that made the print difficult to read, especially for older people. In addition, a surprising number of applications did not contain any contact information for those applicants that had additional questions or needed help in filling out the application form.

It is important to note that several Medicaid and CHIP agency staff interviewed emphasized that they were aware of the problems with Medicaid and CHIP applications, specifically with regard to their inclusion of kinship care families, and were in the process of reworking the application form to address these and other problems. For more specific recommendations on how all states can ensure that their Medicaid and CHIP applications are "kinship care-friendly," please see the Recommendations section of this report.

Recommendations

Working to make sure that all children get the health coverage they need and deserve for a healthy start in life is a major goal of the Children's Defense Fund (CDF). With this goal comes the ongoing challenge to find more innovative ways to serve all children effectively, especially those who face special barriers to accessing health care. Children raised by grandparents and other relatives because their own parents are not available are just one of the special populations who require targeted outreach efforts. These children are a rapidly growing population with a range of special physical and mental health needs. CDF recognizes that eliminating the barriers facing this group will not help all of the children in need of health coverage. However, this report seeks to provide as much information as possible about the unique needs of kinship care families, so that the federal government, state and local Medicaid and CHIP agencies, health and child advocacy organizations, community coalitions, and concerned individuals can continue to work together to make sure these and other hard-to-reach children are included in broader children's health outreach efforts.

Effective policy development, implementation, and outreach are evolving processes, requiring constant adjustments as new challenges arise and new information becomes available. In conducting this survey, for example, CDF realized that kinship care families have been overlooked in many of its own Medicaid and CHIP outreach materials and has

"Plenty of room exists for children to be enrolled [in these health insurance programs], but caregivers need to know about these programs and their children's eligibility for them."

Angie Rodgers, Program Associate, Children's Action Alliance, Phoenix, Arizona

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been working to make appropriate changes to correct this situation. CDF encourages others to do the same. The following recommendations outline concrete steps agency staff and advocates can take to help improve kinship care families' awareness of and access to health coverage under Medicaid and CHIP.

1. **Maintain Inclusive State Medicaid and CHIP Enrollment Policies:** States should maintain their child-centered enrollment policies so as to not discourage, delay, or prevent eligible children raised by kinship caregivers from obtaining health care coverage under Medicaid and CHIP.

Most states have Medicaid and CHIP enrollment policies that include children raised by kinship caregivers and other non-parents. Such policies make clear that children cannot be denied coverage based on the legal or financial status of their caregivers. Unfortunately, a few states still apply restrictive requirements that may delay or prevent children in kinship care families from getting the coverage for which they are eligible.

- All states should ensure that their Medicaid and CHIP enrollment policies make it clear that:

  Kinship caregivers do not need court-ordered legal custody or guardianship (or to have initiated legal custody or guardianship proceedings) to enroll a child in Medicaid and CHIP.

  The income of a child's kinship caregiver should not be counted in determining a child's financial eligibility for Medicaid and CHIP.

  Kinship caregivers do not have to submit burdensome documentation to prove their blood relationship and full-time caregiving status in order to enroll a child in Medicaid and CHIP.

2. **Reconcile Policy and Practice:** State Medicaid and CHIP agencies and children's health advocacy organizations should strengthen their efforts to ensure that inclusive state Medicaid and CHIP enrollment policies that apply to children raised by kinship caregivers are correctly and consistently implemented within states.

Frontline supervisors, other staff, and agency contractors responsible for enrolling families in Medicaid and CHIP programs at the local level do not always have the most accurate, up-to-date information they need to ensure that the correct enrollment procedures are applied to children raised by grandparents and other relatives. Kinship care families may also be overlooked by children's health advocates who are monitoring state policies and advocating for improvements in state performance in enrolling children in Medicaid and CHIP.

To help reconcile policy and practice in states and local communities:

- States should expand their training for Medicaid and CHIP staff to include general background on kinship care families, the types of barriers they face in getting health care for their

children, and the correct enrollment procedures for children in these families. Expanded training should be provided to state-level administrators, local supervisors and frontline workers, communications and outreach staff, agency contractors, and personnel staffing state Medicaid and CHIP public information telephone lines.

- States should provide Medicaid and CHIP staff with a written policy and practice manual that includes an outline of enrollment policies that apply to kinship care families. It should be given to state-level administrators, local supervisors and frontline workers, communications and outreach staff, agency contractors, and personnel staffing the state's Medicaid and CHIP public information telephone lines. The manual should be updated regularly as problems or inconsistencies arise and be made available for public review. A summary of state policies should also be distributed to applicants, advocates for children, seniors, and kinship caregivers, and the general public. States should also ensure that relevant computer data systems and Web sites are updated to reflect the correct policies as they apply to kinship care families.
- States should designate a kinship care ombudsman to work in the Medicaid and CHIP agencies. The ombudsman might be a staff member from a state Medicaid or CHIP agency, the state's department on aging, or a representative from a private child, senior, or kinship care advocacy organization. The position could be full-time or part of a staff member's broader responsibilities, depending on the needs of the agency. The designated ombudsman would be responsible for reviewing procedures in local Medicaid and CHIP offices to make sure that policies are being applied correctly to kinship care families, ensuring that enrollment applications are "kinship care-friendly," acting as the point person to field questions and respond to complaints from kinship care families, and acting as the liaison between the Medicaid and CHIP agencies and other state agencies and private organizations providing support for kinship care families.
- Children's health advocacy organizations should work with state Medicaid and CHIP agencies and senior and kinship care organizations to clarify and to publicize widely the correct enrollment policies as they apply to kinship care families. This will help to create a shared expectation of how kinship care families should be treated when they apply for health care for their children and the process by which improper treatment should be challenged.

3. **Target Outreach to Kinship Care Families:** State Medicaid and CHIP agencies and children's health advocacy organizations should expand their current Medicaid and CHIP outreach activities to include kinship care families.

Grandparents and other relative caregivers need basic information about Medicaid and CHIP and how to enroll the children in their care in these programs. If outreach materials do not make it clear that caregivers other than parents may apply on a child's behalf, or if those materials never reach the kinship caregiver in the first place, eligible children are likely to go without health coverage.

- State Medicaid and CHIP agencies and children's health and kinship care advocacy organizations should ensure that all of their brochures and other written outreach materials, public relations campaigns, Web site information, "freebies," and other information distributed by Medicaid and CHIP outreach staff make it explicitly clear that:

  Grandparents and other relative caregivers, not just "parents and legal guardians," may apply for Medicaid and CHIP on behalf of an eligible child.

  Legal custody or guardianship is not required for a caregiver to enroll a child in Medicaid and CHIP.

  Unlike parents, the income of a grandparent or other relative caregiver is not generally counted in determining a child's eligibility for health coverage under these programs.

- State Medicaid and CHIP agencies and children's health advocacy organizations should collaborate with advocates for seniors and kinship caregivers to create and distribute a basic brochure designed specifically for kinship care families. The brochure should describe the Medicaid and CHIP programs, encourage grandparents and other relatives to apply on behalf of the children they are raising, and clearly outline the state's enrollment policies with regard to kinship care families. (To order a free copy of CDF's brochure on health insurance enrollment for kinship care families, "The Grandparent's and Other Relative Caregiver's Guide to Children's Health Insurance," call 202-662-3568 or log on to www.childrensdefense.org.)

- States and children's health and kinship care advocacy organizations should extend their outreach activities to senior centers, senior health fairs and public health events, community and faith-based organizations that serve older adults, and social security offices. This may include outstationing Medicaid and CHIP staff, distributing relevant health information, and engaging in other appropriate outreach activities targeted towards kinship caregivers.

4. **Develop "Kinship Care-Friendly" Applications:** States should modify Medicaid and CHIP applications and instructions to mention specifically grandparents and other relative caregivers.

Too often, states forget that applications are an outreach tool as well as an administrative document. If a Medicaid or CHIP application explicitly refers only to parents, the grandparents or other relative caregivers reading it may assume they are not authorized to apply on the child's behalf and never complete or submit the application.

- States should make sure that their Medicaid and CHIP applications (which in some states are combined) and any relevant instructions explicitly mention kinship caregivers applying for health coverage for a child. They also should make sure that they make clear to relatives what, if any, requirements they must meet and how they are different than those that apply to a child's parent(s). (For additional information on how to create a "kinship care-friendly" Medicaid and CHIP application, see the box on page 37.)

Are Your State's Medicaid and CHIP Applications "Kinship Care-Friendly"?

Is your state's Medicaid or CHIP application short and easy-to-understand? Does it provide clear instructions? Does it use print that is large enough to read, especially for an older person? Does it explicitly mention kinship caregivers? Use the following checklist to ensure the following important topics are addressed for kinship caregivers:

- **Who can apply for the child**. Any "parent, relative, or other adult caretaker" should be able to apply on a child's behalf.
- **Legal custody and guardianship**. Legal custody and guardianship should not be requirements for kinship caregivers, although legal custodians and guardians should be eligible to apply on a child's behalf.
- **Income and asset information**. Only the child's income information should be required unless the grandparent or other relative caregiver is also applying for coverage for himself or herself. For those states that still maintain an "assets test," only information about the child's assets should be requested unless the caregiver is also applying for coverage.
- **Immigration status**. Only the child's immigration status should be relevant to the child's eligibility determination. Kinship caregivers should not have to provide any information about their own immigration status unless they are also applying for coverage for themselves.
- **Absent parent information**. When information about the child's absent parent(s) is requested, it should be for the purpose of pursuing medical child support. If the state has a "good cause" exception allowing the kinship caregiver to "opt out" of providing the requested information, the exception should be explained.
- **Personal information**. Unnecessary personal information about why the grandparent or other relative caregiver is taking care of the child or why the caregiver is applying for Medicaid or CHIP should not be required.
- **Caregiver's medical status and health coverage**. Information should not be requested about the caregiver's health status or health insurance unless the caregiver is also applying for health coverage.
- **Who to contact**. Information should be provided about who to call if the caregiver has questions or needs additional help in filling out the application.
- **Mail-in application.** Caregivers and other applicants should be able to submit the application by mail without a face-to-face interview.
- **Accompanying documentation.** A simple checklist should be provided that lists what accompanying documentation should be submitted with the application. The list should highlight those documentation requirements that are waived for kinship caregivers (e.g., pay stubs are not needed if the caregiver is only applying for coverage for the child).

"Grandparents and other relatives come to see us with many different problems. The majority of those we serve need information about how and where to get health insurance for their children. In some cases, they don't know that public health insurance programs are out there. In others, they need help navigating the application process. What would help us the most is if we had materials that really speak directly to the grandparents. That way when we encounter caregivers in the community, we can educate them about what programs and agencies are out there to meet their needs in such a way that they'll say 'that applies to me.'"

Joelene Lono, Program Coordinator, Ke Ola Mamo (Perpetuating Health and Wellness), Honolulu, Hawaii

5. **Expand Access to Health Care:** State Medicaid and CHIP agencies and children's health and kinship care advocacy organizations should work together to ensure children in kinship care families are able to receive the health care that they need after they are enrolled in Medicaid and CHIP.

Even after they are enrolled in Medicaid and CHIP, children raised by grandparents and other relative caregivers still may have difficulty obtaining health care services because their caregivers cannot legally authorize their medical treatment or because the health care service providers in their area will not accept Medicaid coverage.

- State Medicaid and CHIP agencies and children's health and kinship care advocacy organizations should work together to encourage state legislatures to pass medical consent laws that would allow parents to sign a medical consent form authorizing grandparents and other relative caregivers to obtain medical treatment for their children even if they do not have formal legal custody or guardianship. (For more information about existing medical consent and power of attorney laws and model legislation, contact Generations United's Grandparents & Relatives Raising Children Project at 202-638-1263 or log on to www.gu.org.)
- For those states that already have medical consent laws and other relevant power of attorney laws in place, state Medicaid and CHIP agencies and children's health and kinship care advocacy organizations should provide informational materials to educate kinship care families applying for health insurance on behalf of the children they are raising about the availability of these laws.
- State Medicaid and CHIP agencies and other children's health and kinship care advocacy organizations should work together to formulate and implement effective strategies to recruit more health care service providers for Medicaid recipients and to make provider payment rates comparable to those available in the commercial market. (For more information about this and other recommendations to increase the enrollment of eligible children in Medicaid and CHIP, see CDF's publication *All Over the Map: A Progress Report on the State Children's Health Insurance Program.* To order this report, call CDF's publications department at 202-628-8787 or log on to www.childrensdefense.org.)

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6. **Streamline Enrollment in Medicaid and CHIP:** States should do more to simplify and streamline the application and enrollment processes for Medicaid and CHIP and eliminate the differences between the programs. Such changes will go a long way to help kinship care families and all families applying for health insurance on behalf of their children.

Many children and families already have benefited from recent efforts by states and advocates to make the Medicaid and CHIP programs more accessible. In some states, recommendations have come from expert panels convened to review children's health; in others, they have come from citizen advisory bodies and organizations and coalitions working to improve children's health. States have learned and borrowed ideas from each other. Child health advocates and state agencies should spread the word about good things going on in their states and encourage changes like the following:

- States should used combined mail-in application forms for their Medicaid and CHIP programs.
- Families applying for health insurance under Medicaid and CHIP should not have to submit to a face-to-face interview in order to qualify for coverage.
- States should eliminate the use of "assets tests" (counting certain family assets, such as the value of a family car) in determining a child's eligibility for health insurance.
- States should allow presumptive eligibility for children applying for health insurance under Medicaid and CHIP, so that selected health care providers and others can preliminarily determine eligibility in order for individuals to receive immediate medical care while the formal application process is completed.

Conclusion

While state agencies, children's health and kinship care advocacy organizations, community-based coalitions, and concerned individuals have made significant progress in helping to enroll eligible children in Medicaid and CHIP over the past several years, children raised by grandparents and other relatives still are often overlooked in children's health outreach efforts. More can and must be done to make sure that children in kinship care families and other special populations are not left behind in accessing quality health insurance coverage and health care.

More can and must be done to make sure that children in kinship care families and other special populations are not left behind in accessing quality health insurance coverage and health care.

Kinship caregivers across the country must be made aware that public health insurance programs are available and encouraged to apply for them on behalf of the children they are raising. To expedite the children's enrollment, kinship caregivers must be allowed to apply for Medicaid and CHIP without being asked to prove legal custody or guardianship, having their income counted in determining a child's eligibility, or being subjected to burdensome documentation and other unnecessary bureaucratic requirements.

States must pay close attention to the needs of kinship care families in the development and implementation of their enrollment policies and as they work with others to design outreach campaigns, materials, and activities that include all children and families. Medicaid and CHIP agency administrators, caseworkers, and outreach staff need to learn more about the special circumstances of these families and the most effective ways to serve them with dignity and understanding.

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Medicaid and CHIP administrators must also take care to ensure that frontline practices in local communities are consistent with state Medicaid and CHIP policies. Children's health and kinship care advocates must strengthen their efforts to educate state agencies and kinship care families about what Medicaid and CHIP programs offer and how to apply. Grandparents and other relative caregivers can also play an important role in sharing information about Medicaid and CHIP with other kinship care families.

CDF's survey has identified a number of barriers to enrollment in Medicaid and CHIP for children being raised by grandparents and other relative caregivers that state and local agencies and advocates can now work together to remove. It has also outlined a number of promising efforts by state Medicaid and CHIP agencies, children's health advocacy organizations, and others to reach out to kinship care families. These can be built upon to ensure that children raised by grandparents and other relatives, like all children, get the healthy start they need to thrive.

State Snapshots

CDF's survey found significant confusion among Medicaid and CHIP agency personnel, children's health and kinship care advocates, and grandparents and other relative caregivers about each state's enrollment policies for children being raised by kinship caregivers. The following state snapshots summarize each state's Medicaid and CHIP enrollment policies for kinship care families and highlight special initiatives underway for children living with kinship caregivers.

The summaries are based on responses to CDF's questionnaire and follow-up phone interviews on Medicaid and CHIP enrollment policies for children being raised by grandparents and other relative caregivers. (For a complete copy of the questionnaire sent to state Medicaid and CHIP agencies, see Appendix C). They also reflect additional information and opinions gathered from interviews with state Medicaid and CHIP program staff and children's health and kinship care advocates on enrollment and other barriers facing kinship care families and state and private outreach efforts specifically targeted at this population.

These state snapshots provide an overview of health insurance coverage under Medicaid and CHIP for children raised by kinship caregivers. They also suggest some specific next steps that could be taken on behalf of these children. They allow the reader to compare policies and practices between states, within regions, and across the country. They also provide state Medicaid and CHIP contact information for kinship care families and other families who are interested in enrolling their children in these programs.

These state snapshots provide an overview of health insurance coverage under Medicaid and CHIP for children raised by kinship caregivers. They also suggest some specific next steps that could be taken on behalf of these children. They allow the reader to compare policies and practices between states, within regions, and across the country.

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In reviewing the individual state summaries, there are several points of clarification to keep in mind:

Eligibility for Coverage under Medicaid and CHIP

- **The vast majority of children raised by kinship caregivers are eligible for Medicaid, not CHIP.** While this report provides information on both Medicaid and CHIP policies, CDF's survey found that most children living in kinship care families will qualify for Medicaid because states generally count only the child's income in determining financial eligibility. Also, federal law requires that children applying for CHIP be evaluated first for Medicaid. This is important because Medicaid provides more comprehensive services than many state CHIP programs. In addition, some state CHIP programs may require families to share some of the cost of the health insurance coverage. CHIP policies and income guidelines are discussed here, however, because there may be certain circumstances where a child's income from child support, a private trust, or social security, for example, makes him or her ineligible for Medicaid but eligible for CHIP coverage.
- **In addition to children, some income-eligible kinship caregivers may also be eligible for health coverage under Medicaid**. CDF's survey focused exclusively on Medicaid and CHIP coverage for *children* raised by grandparents and other relative caregivers. It is important to note, however, that in all states, grandparents and certain other relative caregivers caring for a Medicaid-eligible child may also be eligible for Medicaid coverage for themselves if their incomes fall below a certain level. Under federal law, these lower-income kinship caregivers are eligible for Medicaid coverage as "needy caretaker relatives." While it is important to encourage income-eligible caregivers to apply for coverage for themselves as well as the children they are raising, the enrollment policies described in the following state snapshots presume the caregiver is applying for coverage *only* on behalf of a child. (For more information about eligibility for Medicaid and other federal benefits programs, grandparents and other relative caregivers may contact the National Council on Aging's Benefits CheckUp Web site at http://www.benefitscheckup.org.)
- **A few kinship caregivers may also be eligible for health coverage under CHIP.** As of this report's publication, three states, Minnesota, New Jersey, and Rhode Island, and the District of Columbia have extended health coverage to certain eligible parents and "caretaker relatives" of children receiving CHIP. Some other states offer coverage to income-eligible kinship caregivers under state-funded health insurance programs.

Focus of the Hypothetical Case Used in this Survey

- **There is a difference between three-generational households and the "skipped generation" kinship care arrangements discussed in this survey.** The questionnaire distributed to state Medicaid and CHIP agencies was based on a hypothetical case in which a grandmother is raising a child with *no parent present* in the household. It is important to distinguish this example from those circumstances in which a parent is also living with the grandparent and the child, a situation which is not considered in this report.
- **Grandparents and other relatives who have adopted the children in their care are considered legal parents for Medicaid and CHIP enrollment purposes.** The survey questionnaire asked several questions about state enrollment policies based on whether or not a kinship caregiver has legal custody of guardianship of a child. In these cases it was assumed that the grandparent or other relative caregiver had not adopted the child. In all states, a relative caregiver who has legally adopted a child would be treated as the child's legal parent when applying for Medicaid and CHIP on the child's behalf. Some adopted children will be automatically eligible for Medicaid because of their eligibility for adoption assistance.
- **Who qualifies as a "relative".** While all states allow relative caregivers to apply for Medicaid and CHIP on behalf of a child they are raising, state definitions of who qualifies as a "relative" vary based on how closely related the kinship caregiver is to the child (the "degree of kinship"). A few states also allow non-related caregivers caring for the child full-time to apply for Medicaid or CHIP on a child's behalf. While no question was asked in the questionnaire about the degree of kinship each state requires, several states asked to have this information included in the state snapshots.
- **Some states still apply "assets tests" in determining a child's eligibility for Medicaid and CHIP.** In determining eligibility for Medicaid, a few states still count the value of certain assets (such as the value of a family car) in determining a child's financial eligibility. One state still applies the assets test in determining CHIP eligibility. As with income, most states that maintain these tests count only the child's relevant assets or do not apply the assets test to children at all. In rare cases, these tests may be applied to kinship caregivers applying on the child's behalf, but this question was not included in the questionnaire sent to the states. Therefore, the application of assets tests are noted in the summaries of some states but not all.

Additional Policy Considerations

- **Most states request absent parent information for purposes of pursuing medical child support.** No state requires kinship caregivers to submit pay stubs or other formal proof of parental income in order to determine a child's eligibility for Medicaid or CHIP if the parent is not living in the home. States may, however, ask caregivers to provide more general information about the absent parent's whereabouts and income for the purposes of pursuing medical child support. States seek medical child support, where available, from absent parents who have the option of covering non-custodial children under their employers' private health insurance plans. States are required to pursue medical child support on behalf of a child covered by Medicaid. States are not required to seek medical child support for a child enrolled in CHIP, but some have opted to do so.
- **"Waiting periods" may affect a small number of children in kinship care arrangements who are income eligible for CHIP.** About half of the states require that children be without private heath insurance for a "waiting period" of between three and six months before becoming eligible for the CHIP program. For the small number of children in kinship care families who may be eligible for CHIP, waiting periods may delay necessary health coverage. Some states, however, may also have exceptions to these waiting periods.
- **Most states allow kinship caregivers to "self-declare" their blood relationship and full-time caregiving status.** Only two states require caregivers applying for Medicaid and CHIP on a child's behalf to submit formal proof of their blood relationship or caregiving status. Most of the states, however, still require grandparents and other relative caregivers to declare their blood relationship and/or full-time caregiving status verbally or on the Medicaid or CHIP application form. This process is referred to as "self-declaration." Many states also require caregivers to declare that the child is living in their home at the time the application is made. Some states may request birth certificates and other documentation to establish a caregiver's relationship to the child, but the failure to provide such information should not disqualify the child from coverage.
- **State income and eligibility guidelines for Medicaid and CHIP change often.** Through the course of this survey, the income and eligibility guidelines for several states have changed, in some cases significantly. Generally, CDF has included state policies as of January 2001 as verified by the state Medicaid or CHIP contacts interviewed as part of the survey.

ALABAMA

Health Insurance for Children in Alabama

Alabama offers free or low-cost health insurance to eligible children through three programs:

- Medicaid (also referred to as "SOBRA") provides free coverage to children ages five and under with family incomes up to 133 percent of the federal poverty level. Medicaid also covers children ages six through 18 with family incomes up to 100 percent of the federal poverty level.
- ALL Kids, the state's CHIP program, offers no-fee or limited fee coverage to children ages 18 and under with family incomes up to 200 percent of the federal poverty level who are not eligible for Medicaid. There are two categories of income eligibility for ALL Kids. Category I has no premium or co-payment. Category II has a small annual premium and minimal co-payments.
- The Child Caring Foundation, a smaller program run by Blue Cross Blue Shield, provides limited coverage to children who fall outside the income guidelines for Medicaid or ALL Kids or who are not otherwise eligible for these programs because, for example, they are not citizens or their parent is a state employee. The Child Caring Foundation does not require any premiums or co-payments.

State Policy for Enrolling Children from Kinship Care Families

In Alabama, grandparents and other relative caregivers (kinship care families) may apply for all three health insurance programs on behalf of a child they are raising. To apply for coverage on behalf of a related child, grandparents and other relative caregivers:

- do not need to have legal custody or guardianship of the child;
- will not have their income considered by the state in determining the child's eligibility for coverage (regardless of the caregiver's status as legal custodian or guardian). Only the child's income (e.g., child support, social security death benefits, or a private trust) will be used to determine eligibility for health coverage unless the child's parents also live with the caregiver and the child;
- do not need to submit any proof of the parents' income (or prove a lack of parental income) unless the child's parents also live with the caregiver and the child;
- do not need to prove their blood relationship to the child or that they are the child's full-time caretakers;
- must have the child living in their home, and the child must intend to remain in the state at the time of application. The child, however, need not have resided in the caregiver's home or in the state for a certain period of time before becoming eligible for benefits.

Expanding Outreach to Kinship Care Families

Advocates in Alabama note that the most effective way to ensure health coverage of children being raised by grandparents and other relative caregivers is to distribute accurate and up-to-date program eligibility information directly to kinship care families. While state policy is generally accommodating to kinship care families, Tracy Palmer, Project Director of Covering Alabama Kids, points out that "there seems to be a general misunderstanding about whether or not grandparents and other relative caregivers can apply for Medicaid and ALL Kids. The written policy allows it, but many caregivers still assume they must have legal guardianship to enroll the children they are raising, and that their income will be counted in determining a child's eligibility."

Mary Weidler, Policy Analyst at Alabama Arise, also underscores the need for broader public outreach for these programs. "ALL Kids is doing a good job of getting information out to families through the public school system, for example, but Medicaid still performs limited outreach because its workers are already struggling to meet the current workload." Alabama is currently developing new efforts to reach out to older caregivers to educate them about the Medicaid and ALL Kids programs through senior health fairs, volunteer associations, and churches. "Governor Don Seigelman recently established the Governor's Task Force on Children's Health Insurance," says Knoxye Williams, Marketing and Outreach Consultant for the ALL Kids Children's Health Insurance Program. "This task force will focus on improving coverage, access, communication, and outreach for all children in both the Medicaid and ALL Kids programs."

For more information about applying for Medicaid or ALL Kids, relative caregivers in Alabama should call 1-888-373-KIDS or log on to http://www.alapubhealth.org/allkids or http://www.medicaid.state.al.us. Questions and comments regarding All Kids can be e-mailed to allkids@alapubhealth.org.

ALASKA

Health Insurance for Children in Alaska

Alaska offers free health insurance to eligible children through one program:

- Denali KidCare provides free health coverage for children ages 18 and under with family incomes up to 200 percent of the federal poverty level. Denali KidCare requires no premiums, but it does require small co-payments for non-native 18-year-olds. There are no co-payments for other groups of children.

State Policy for Enrolling Children from Kinship Care Families

In Alaska, grandparents and other relative caregivers (kinship care families) may apply for Denali KidCare on behalf of a child they are raising. To apply for coverage on behalf of a related child, grandparents and other caregivers:

- do not need to have legal custody or guardianship of the child;
- will not have their income considered by the state in determining the child's eligibility for coverage (regardless of the caregiver's status as legal custodian or guardian). Only the child's income (e.g., child support, social security death benefits, or a private trust) will be used to determine eligibility for health coverage unless the child's parents also live with the caregiver and the child;

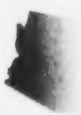
- do not need to submit any proof of the parents' income (or prove a lack of parental income) unless the child's parents also live with the caregiver and the child;
- do not need to prove their blood relationship to the child or that they are the child's full-time caretakers;
- must have the child living in their home, and the child must intend to remain in the state at the time of application. The child, however, need not have resided in the caregiver's home or in the state for a certain period of time before becoming eligible for benefits.

Expanding Outreach to Kinship Care Families

Alaska advocates generally report that they are not aware of any significant barriers that prevent eligible children who are raised by kinship caregivers from obtaining health coverage under Alaska's new health insurance program. "Things were a lot more complicated before Denali KidCare," notes Annette Coggins, Executive Director of AWARE, a children's advocacy group in Juneau. "Now procedures have been made a lot more flexible to pick up those kids who might have fallen through the cracks."

The state has also been committed to reaching out to Alaskan kinship care families. Deborah Smith, Denali KidCare Coordinator for the Alaska Department of Health and Social Services, explains that the state has begun to share children's health insurance information with grandparents and other relatives raising children by distributing information through senior centers, meals-on-wheels, and other senior programs. In addition, one of the state's outreach partners, the Alaska Native Tribal Health Consortium, will soon air public service announcements in several Alaskan Native languages, recorded by local elders, to encourage enrollment in Denali KidCare.

For more information about how to apply for Denali KidCare, relative caregivers in Alaska should call 1-888-318-8890 or 907-269-6529 (in Anchorage) or log on to http://www.hss.state.ak.us/dma/denali.htm.



ARIZONA

Health Insurance for Children in Arizona

Arizona offers free or low-cost health insurance to eligible children through two programs:

- Medicaid, also referred to as the Access Health Care Cost Containment System (AHCCCS), provides free coverage to children under age one with family incomes up to 140 percent of the federal poverty level, children ages one through five with family incomes up to 133 percent of the federal poverty level, and children ages six through 18 with family incomes up to 100 percent of the federal poverty level.
- KidsCare, the state's CHIP program, provides health insurance coverage to children ages 18 and under with family incomes up to 200 percent of the federal poverty level who are not eligible for Medicaid. KidsCare may require a monthly premium depending on the family's income.

State Policy for Enrolling Children from Kinship Care Families

In Arizona, grandparents and other relative caregivers (kinship care families) may apply for both Medicaid and KidsCare on behalf of a child they are raising. To apply for coverage on behalf of a related child, grandparents and other relative caregivers:

- do not need to have legal custody or guardianship of the child;
- will not have their income considered by the state in determining the child's eligibility for coverage (regardless of the caregiver's status as legal custodian or guardian). Only the child's income (e.g., child support, social security death benefits, or a private trust) will be used to determine eligibility for health coverage unless the child's parents also live with the caregiver and the child;
- do not need to submit any proof of the parents' income (or prove a lack of parental income) unless the child's parents also live with the caregiver and the child;
- do not need to prove their blood relationship to the child or that they are the child's full-time caretakers;
- must have the child living in their home, and the child must intend to remain in the state at the time of application. The child, however, need not have resided in the caregiver's home or in the state for a certain period of time before becoming eligible for benefits.

Expanding Outreach to Kinship Care Families

Arizona advocates report that they are not aware of any significant barriers that prevent eligible children raised by relative caregivers from obtaining health care coverage under Medicaid or KidsCare. Diane Ross of the AHCCCS Division of Member Services notes that the KidsCare outreach staff have partnered with the state's Aging and Adult Administration to inform grandparents and other relative caregivers about the availability of health insurance coverage for the children they are raising. In recent kinship care legislation, the Arizona Department of Economic Security has been directed to inform grandparents and other relative caregivers of health insurance opportunities and to expedite the eligibility process.

Several programmatic barriers, however, may prevent grandparents and other relative caregivers, as well as parents applying for these benefits, from enrolling the children they are raising in AHCCCS and KidsCare. For example, when grandparents apply for coverage on behalf of a child, they may be asked sensitive questions about what other benefits they receive. Outreach is also a problem. It is especially difficult to reach out to the increasing number of Arizona grandparents raising grandchildren who are not in the formal child welfare system. According to Angie Rodgers, Program Associate for the Children's Action Alliance in Phoenix, "Medicaid and KidsCare could reach more children if greater efforts were put into informing relative caregivers that legal custody or a formal caregiving arrangement is not required to apply for Medicaid or KidsCare on behalf of a child. Plenty of room exists for children to be enrolled, but caregivers have to know about the programs and their children's eligibility for them."

For more information about applying for Medicaid (AHCCCS) or KidsCare, relative caregivers in Arizona should call 1-800-654-8713 or 1-877-764-KIDS or 602-417-KIDS (in Phoenix) or log on to http://www.ahcccs.state.az.us or http://www.kidscare.state.az.us.

ARKANSAS

Health Insurance for Children in Arkansas

Arkansas' ARKids First offers free or low-cost health insurance to eligible children through two programs:

- ARKids A, the state's Medicaid Program, provides free health coverage for children under age six with family incomes up to 133 percent of the federal poverty level and for children ages six to 18 with incomes at or below 100 percent of the federal poverty level.
- ARKids B offers low-cost health coverage to children ages 18 and under with family incomes up to 200 percent of the federal poverty level who are not eligible for Medicaid. ARKids B has no monthly premium, but does have limited co-payments.

State Policy for Enrolling Children from Kinship Care Families

In Arkansas, grandparents and other relative caregivers (kinship care families) may apply for both ARKids A and ARKids B on behalf of a child they are raising. To apply for coverage on behalf of a related child, grandparents and other relative caregivers:

- do not need to have legal custody or guardianship of the child;
- will not have their income considered by the state in determining the child's eligibility for coverage (regardless of the caregiver's status as legal custodian or guardian). Only the child's income (e.g., child support, social security death benefits, or a private trust) will be used to determine eligibility for health coverage unless the child's parents also live with the caregiver and the child;
- do not need to submit any proof of the parents' income (or prove a lack of parental income) unless the child's parents also live with the caregiver;
- must declare that they are related to the child, but they do not need to prove that they are the child's full-time caretakers;
- must have the child living in their home, and the child must intend to remain in the state at the time of application. The child, however, need not have resided in the caregiver's home or in the state for a certain period of time before becoming eligible for benefits.

Expanding Outreach to Kinship Care Families

Arkansas advocates report few barriers in ARKids A and B with respect to the enrollment of children being raised by grandparents and other relative caregivers. Amy Rossi, Executive Director for Arkansas Advocates for Children and Families, states, "I have not heard this issue come up as a problem in our state. We have pretty good outreach initiatives in Arkansas." Dee Ann Newel, Program Manager for the Centers for Youth and Families, applauds Arkansas for its extensive efforts to enroll children in the ARKids B program, but suggests that outreach for ARKids A could be expanded. Newel adds that "Medicaid should get special attention where grandparents are concerned. In particular, grandparents should know that it has better mental health coverage, and children raised by caregivers often have special mental health treatment needs." An example of special outreach to children in kinship care families is an initiative by Arkansas

Children's Hospital. It sends nursing students into the community to inform grandparents about the coverage available to their grandchildren through the ARKids A and B program.

For more information about applying for ARKids First, relative caregivers in Arkansas should call 1-888-474-8275 or log on to http://www.arkidsfirst.com/home.htm.

CALIFORNIA

Health Insurance for Children in California

California offers free or low-cost health insurance to eligible children through several programs:

- Medi-Cal, the state's Medicaid program, offers free health coverage to children under age one with family incomes up to 200 percent of the federal poverty level, children between ages one and six with family incomes up to 133 percent of the federal poverty level, and children ages six through 18 with family incomes up to 100 percent of the federal poverty level.
- Healthy Families, the state's CHIP program, offers low-cost health coverage to children ages 18 and under with family incomes up to 250 percent of the federal poverty level who are not eligible for Medicaid. Healthy Families has a small monthly premium and requires limited co-payments for non-preventive services.
- Other health coverage options for children include Access for Infants and Mothers (AIM), the Kaiser Permanente Child Health Plan for Kids, and the California Kids Foundation. Although grandparents and other relatives may apply for health coverage under these programs, the eligibility guidelines may be different than those for Medi-Cal and Healthy Families.

State Policy for Enrolling Children from Kinship Care Families

In California, grandparents and other relative caregivers (kinship care families) may apply for both Medi-Cal and Healthy Families on behalf of a child they are raising. To apply for coverage on behalf of a related child, grandparents and other relative caregivers:

- do not need to have legal custody or guardianship of the child;
- will not have their income considered by the state in determining the child's eligibility for coverage (regardless of the caregiver's status as legal custodian or guardian). Only the child's income (e.g., child support, social security death benefits, or a private trust) will be used to determine eligibility for health coverage unless the child's parents also live with the caregiver and the child;
- do not need to submit any information about the parents' income (or prove a lack of parental income) unless the child's parents also live with the caregiver and the child;
- do not need to prove their blood relationship to the child or that they are the child's full time caregiver;
- must have the child living in their home, and the child must intend to remain in the state at the time of application. The child, however, need not have resided in the caregiver's home or in the state for a certain period of time before becoming eligible for benefits.

Expanding Outreach to Kinship Care Families

Advocates in California agree that one of the most significant barriers to kinship care families accessing health care for children is the inconsistent local implementation of state policy in the Medi-Cal program. Deena Lahn, Director of CDF's California office, says that "although the state may set a certain policy, there are considerable variations in practice from county to county. This is a significant barrier to families because, depending on what county you live in, the application of eligibility rules may be different." Dawn Horner, Associate Director of the Children's Partnership also emphasizes that "counties need to be on the same page in terms of Medi-Cal eligibility. There needs to be better training in order to have consistency at the county level."

Celia Valdez, Project Director for Outreach and Eligibility with Maternal and Child Health Access, points out that "the state could make the whole application process easier for counties by eliminating some of the unnecessary paper-pushing." Valdez adds that "grandparents and caregivers are usually not sure if the state counts their income in determining a child's eligibility. The state needs to provide clearer guidance on this issue."

For more information about Medi-Cal or Healthy Families, relative caregivers in California should call 1-800-880-5305 or log on to http://healthyfamilies.ca.gov/.

COLORADO

Health Insurance for Children in Colorado

Colorado offers free or low-cost health coverage to eligible children through two programs:

- Baby Care Kids Care, the state's Medicaid program, provides free coverage to children ages five and under with family incomes up to 133 percent of the federal poverty level and children ages six through 18, born after September 30, 1983, with family incomes up to 100 percent of the federal poverty level. Families with dependent children and incomes below approximately 30 percent of the federal poverty level are also eligible for Mediciad, with a less restrictive assets test.
- The Child Health Plan Plus (CHP+), the state's CHIP program, offers free or low-cost coverage to children ages 18 and under with family incomes up to 185 percent of the federal poverty level who do not qualify for Medicaid. There are no monthly premiums, although there may be an annual enrollment fee depending on the family's income. There are small co-payments.

State Policy for Enrolling Children from Kinship Care Families

In Colorado, grandparents and other relative caregivers (kinship care families) may apply for both Baby Care Kids Care and CHP+ on behalf of a child they are raising. To apply for coverage on behalf of a related child, grandparents and other relative caregivers:

- do not need to have legal custody or guardianship of the child;
- may have their income considered, depending on which program they are applying for:

  when applying for Baby Care Kids Care (Medicaid), kinship caregivers will not have their income considered by the state in determining the child's eligibility for coverage (regardless of the caregiver's status as legal custodian or guardian). Only the child's income (e.g., child support, social security death benefits, or a private trust) will be used to determine eligibility for health coverage unless the child's parents also live with the caregiver and the child;

  when applying for CHP+, kinship caregivers will have their income considered by the state in determining the child's eligibility for coverage if the caregiver is the child's legal custodian or guardian or if the caregiver does not have legal custody or guardianship but provides at least 50 percent of the child's financial support;
- do not need to submit proof of the parents' income (or prove a lack of parental income) unless the child's parents also live with the caregiver;
- do not need to prove their blood relationship to the child;
- must have the child living in their home more than 50 percent of the time, and the child must intend to remain in the state at the time of application. The child, however, need not have resided in the caregiver's home or in the state for a certain period of time before becoming eligible for benefits.

Expanding Outreach to Kinship Care Families

Colorado advocates have mixed reactions to the state's performance in making health care accessible to kinship care families. Lorri Park, State Coordinator for Family Voices, reports few barriers to enrollment for children being raised by relative caregivers. However, Robin Bolduc, Director of Statewide Services for United Cerebral Palsy and a foster parent, says that her experience with Colorado's programs suggests that official policy with respect to relative caregivers is not always followed. Bolduc also notes that the benefits available to children with special needs are too limited, and many of these children are cared for by relative caregivers.

Colorado is aware of the growing population of children being raised by grandparent and other relative caregivers. The state is currently planning to revise the application process to make it more friendly to grandparents and other relative caregivers. In addition, other organizations such as Colorado Covering Kids are working with the state to do targeted outreach to kinship care families through presentations at local grandparent support groups.

For more information about applying for Baby Care Kids Care or CHP+, relative caregivers in Colorado should call 1-800-359-1991 or log on to http://www.cchp.org.

CONNECTICUT

Health Insurance for Children in Connecticut

Connecticut offers free or low-cost health insurance to eligible children through the HUSKY program:

- HUSKY A, the state's Medicaid program, offers free coverage to children ages 18 and under with family incomes up to 185 percent of the federal poverty level.
- HUSKY B, the state's CHIP program, offers free or low-cost insurance coverage to children who are ineligible for Medicaid. The costs to families for HUSKY B are based on three different income categories called "bands." While the cost to the family may differ, each band offers identical coverage. Children with family incomes up to 235 percent of the federal poverty level will be covered under Band 1, which requires no premiums but does require some co-payments for health care services. Children with family incomes up to 300 percent of the federal poverty level will fall under Band 2, which requires a premium based on the number of children in the family and some co-payments. Children with family incomes over 300 percent of the federal poverty level may apply for coverage under Band 3 and pay a state-negotiated group rate premium and some co-payments for health care services. Children with special health care needs enrolled in HUSKY B (Bands 1 and 2) may also be eligible for supplemental physical and behavioral services under HUSKY PLUS.

State Policy for Enrolling Children from Kinship Care Families

In Connecticut, grandparents and other relative caregivers (kinship care families) may apply for both HUSKY A and HUSKY B on behalf of a child they are raising. To apply for coverage on behalf of a related child, grandparents and other relative caregivers:

- do not need to have legal custody or guardianship of the child;
- will not have their income considered by the state in determining the child's eligibility for coverage (regardless of the caregiver's status as legal custodian or guardian). Only the child's income (e.g., child support, social security death benefits, or a private trust) will be used to determine eligibility for health coverage unless the child's parents also live with the caregiver and the child;
- do not need to submit proof of the parents' income (or prove a lack of parental income) unless the child's parents also live with the caregiver;
- do not need to prove their blood relationship to the child or that they are the child's full-time caretakers;
- must have the child living in their home, and the child must intend to remain in the state at the time of application. The child, however, need not have resided in the caregiver's home or in the state for a certain period of time before becoming eligible for benefits.

Expanding Outreach to Kinship Care Families

Several Connecticut child health advocates report that a lack of targeted outreach towards kinship care families is the most significant barrier to enrolling children being raised by grandparents and other relative

caregivers. Molly Cole, Project Director at the University of Connecticut Health Center—Child and Family Studies, notes that enrollment could be increased by directing public service announcements towards relative caregivers and by training caseworkers about the specific needs of this particular population.

Ellen Andrews, Executive Director of the Connecticut Health Policy Project, points out that grandparents and other relative caregivers should know that they do not have to be eligible for TANF in order to apply for children's health insurance through HUSKY.

The state has been making efforts to reach out to kinship care families, says Dan Buckson, Public Assistance Consultant for Connecticut's Department of Social Services. For example, the state currently offers counseling about the HUSKY program to grandparent caregivers through the state's Elderly Services Division and is encouraging similar partnerships designed to inform kinship care families about the availability of coverage.

For more information about applying for the HUSKY program, relative caregivers in Connecticut should call 1-877-CT-HUSKY or log on to http://www.huskyhealth.com.

DELAWARE

Health Insurance for Children in Delaware

Delaware offers free or low-cost health insurance to eligible children through two programs:

- The Medicaid program offers free health coverage to infants under age one with family incomes up to 200 percent of the federal poverty level, children ages one through five with family incomes up to 133 percent of the federal poverty level, and children ages six through 18 with family incomes up to 100 percent of the federal poverty level.
- Delaware Healthy Children, the state's CHIP program, offers low-cost coverage to children ages 18 and under with family incomes up to 200 percent of the federal poverty level who do not qualify for Medicaid. There is a monthly premium based on family income.

State Policy for Enrolling Children from Kinship Care Families

In Delaware, grandparents and other relative caregivers (kinship care families) may apply for both Medicaid and the Delaware Healthy Children program on behalf of a child they are raising. To apply for coverage on behalf of a related child, grandparents and other relative caregivers:

- do not need to have legal custody or guardianship of the child;
- will not have their income considered by the state in determining the child's eligibility for coverage (regardless of the caregiver's status as legal custodian or guardian). Only the child's income (e.g., child support, social security death benefits, or a private trust) will be used to determine eligibility for health coverage unless the child's parents also live with the caregiver and the child;
- do not need to submit proof of the parents' income (or prove a lack of parental income) unless the child's parents also live with the caregiver;

- do not need to prove their blood relationship to the child or that they are the child's full-time caretakers;
- must have the child living in their home, and the child must intend to remain in the state at the time of application. The child, however, need not have resided in the caregiver's home or in the state for a certain period of time before becoming eligible for benefits.

Expanding Outreach to Kinship Care Families

Delaware advocate Leonard Young of Delaware Stand for Children reports that "the mechanics of Delaware's child health programs are generally smooth. Grandparents should have no problem applying for health coverage on behalf of their grandchildren as long as they have accurate information and know that the programs are out there." Other advocates agree that Delaware has made its policy very flexible for relative caregivers. According to several advocates, however, one barrier to enrollment is the lack of resources invested in person-to-person outreach. Jane Crowley, a member of the Delaware Stand For Children Planning Committee, comments that outreach initiatives in Delaware are not necessarily using the full range of strategies that have been found effective in other places, and consequently, that current enrollment figures for CHIP are lower than desired.

According to Maryann Nadzio, Administrator for the Department of Social Services, Delaware has begun making efforts to reach out to kinship caregivers by giving a presentation on Medicaid and Delaware Healthy Children at the Delaware Health and Social Services' Strengthening Family Circles Conference, an event that focused specifically on the needs of Delaware's grandparent and relative caregivers. Both Medicaid and Delaware Healthy Children also regularly have provided speakers to Joining Generations' *Family Circles* support groups, a program for relative caregivers sponsored by the Delaware Division of Services for Aging and Adults with Physical Disabilities.

For more information about applying for Medicaid or Delaware Healthy Children, relative caregivers in Delaware should call 1-800-996-9969 or log on to http://www.state.de.us/dhss/dss/dsshome.htm.

DISTRICT OF COLUMBIA

Health Insurance for Children in the District of Columbia

The District of Columbia offers free health insurance to eligible children through one program:

- DC Healthy Families, a Medicaid expansion program, offers free health coverage to children ages 18 and under with family incomes up to 200 percent of the federal poverty level. DC Healthy Families also provides free coverage to caregivers of children with incomes up to 200 percent of the federal poverty level. There are no premiums or co-payments for the DC Healthy Families program.

Policy for Enrolling Children from Kinship Care Families

In the District of Columbia, grandparents and other relative caregivers (kinship care families) and unrelated caregivers may apply for DC Healthy Families on behalf of a child they are raising and may also

apply for themselves and the child. To apply for coverage on behalf of a related child, grandparents and other relative caregivers:

- do not need to have legal custody or guardianship of the child;
- will not have their income considered in determining the child's eligibility for coverage (regardless of the caregiver's status as legal custodian or guardian). Only the child's income (e.g., child support, social security death benefits, or a private trust) will be used to determine eligibility for health coverage unless the child's parents also live with the caregiver and the child;
- do not need to submit proof of the parents' income (or prove a lack of parental income) unless the child's parents also live with the caregiver;
- do not need to prove their blood relationship to the child or that they are the child's full-time caretakers;
- must have the child living in their home, and the child must intend to remain in the state at the time of application. The child, however, need not have resided in the caregiver's home or in the state for a certain period of time before becoming eligible for benefits.

If the grandparent or other relative caregiver chooses to apply for coverage for him or herself, his or her income would also be considered in determining eligibility for both the caregiver and the child. If, however, the grandparent or other relative's income makes the whole family ineligible for coverage, the family would be advised to apply only on behalf of the child.

Expanding Outreach to Kinship Care Families

Advocate Kim Bell, Project Director for the DC Action for Children's Covering Kids Initiative, points out that even though caregivers are not required to prove a blood relationship and should not have their incomes counted to establish a child's eligibility for DC Healthy Families, caseworkers sometimes request related documents anyway, thereby discouraging some grandparents from applying. She suggests that DC Healthy Families could partner more broadly with kinship care support groups in the area to educate caregivers about the availability of health coverage for their children. Sharon Parrott, Senior Policy Analyst with the District of Columbia Department of Human Services, says her office is working to ensure that current kinship care policies are implemented correctly and consistently across the city.

For more information about DC Healthy Families, relative caregivers in the District of Columbia should call 1-800-666-2229 (mom-baby) or log on to http://www.dchealth.com/dchf.

FLORIDA

Health Insurance for Children in Florida

Florida KidCare offers free or low-cost health insurance to eligible children through several programs:

- Medicaid offers free coverage to infants under age one with family incomes up to 200 percent of the federal poverty level, children ages one through five with family incomes up to 133 percent of the federal poverty level, and children ages six through 18 with family incomes up to 100 percent of the federal poverty level.

- Healthy Kids and MediKids offer low-cost health coverage to children who are not eligible for Medicaid. MediKids offers coverage to children ages one through four with family incomes up to 200 percent of the federal poverty level. Healthy Kids offer coverage to children ages five through 18 with family incomes up to 200 percent of the federal poverty level. Both programs have a monthly premium and may require co-payments for some services depending on the family's income. Healthy Kids also offers a buy-in option for children with family incomes above 200 percent of the federal poverty level, which allows an eligible family to purchase coverage under the plan at a monthly rate that varies depending on the county in which the child is living.
- The Children Medical Services Network (CMS) is a health plan for children ages 18 and under with special ongoing health care needs. It requires a monthly premium but no co-payments.

State Policy for Enrolling Children from Kinship Care Families

In Florida, grandparents and other relative caregivers (kinship care families) may apply to the Florida KidCare office, and the child they are raising will be assigned to the appropriate health care program. To apply for Medicaid, the relative must be in the fifth degree of kinship to the child (includes, e.g., great-great grandparents and first cousins once-removed). To apply for coverage on behalf of a related child, grandparents and other relative caregivers:

- do not need to have legal custody or guardianship of the child, when applying for Medicaid;
- do need to have legal custody or guardianship of the child, when applying for Healthy Kids and MediKids;
- will not have their income considered by the state in determining the child's eligibility for Medicaid (regardless of the caregiver's status as legal custodian or guardian). Only the child's income (e.g., child support, social security death benefits, or a private trust) will be used to determine eligibility for health coverage unless the child's parents also live with the caregiver and the child;
- will have their income considered by the state in determining the child's eligibility for Healthy Kids, MediKids, and the Children's Medical Services Network (regardless of the caregiver's status as legal custodian or guardian);
- do not need to submit proof of the parents' income (or prove a lack of parental income) unless the child's parents also live with the caregiver;
- do not need to prove their blood relationship to the child or that they are the child's full-time caretakers;
- must have the child living in their home, and the child must intend to remain in the state at the time of application. The child, however, need not have resided in the caregiver's home or in the state for a certain period of time before becoming eligible for benefits.

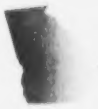
Expanding Outreach to Kinship Care Families

Florida advocates report that the main barrier to enrollment for Florida children is the complexity of the different programs' eligibility criteria. With respect to children being raised by grandparents and other

relative caregivers, Mary Figg, a Covering Kids grantee affiliated with the Lawton and Rhea Chiles Center for Healthy Mothers and Babies, reports that Florida has not yet initiated a statewide outreach effort towards this population. "With so many children being raised by grandparents and other relatives, Florida outreach workers must target these surrogate parents in its statewide effort," says Figg.

Although the state agency has no initiatives specifically targeted towards this population, Modesto Abety, Director of the Children's Services Council of Miami-Dade, notes that several nonprofit organizations have reached out to these families. For example, the Family Advocacy Center's Grandparents Raising Grandchildren group has partnered with the Human Services Coalition to do KidCare outreach to grandparent and other relative caregivers. Children First, another Florida advocacy organization, is also conducting outreach on health care and other issues for kinship care families.

For more information about applying for Florida KidCare programs, relative caregivers should call 1-888-540-KIDS or log on to http://www.floridakidcare.org. For Children's Medical Services, log on to http://www.doh.state.fl.us/cms. For Healthy Kids, log on to http://www.healthykids.org.



GEORGIA

Health Insurance for Children in Georgia

Georgia offers free or low-cost health insurance to eligible children through two programs:

- Medicaid offers free health coverage to infants under age one with family incomes up to 235 percent of the federal poverty level if the child was born in the state (infants under age one who move to the state with family incomes up to 235 percent of the federal poverty level are covered under PeachCare for Kids), children ages one through five with family incomes up to 133 percent of the federal poverty level, and children ages six through 18 with family incomes up to 100 percent of the federal poverty level.
- PeachCare for Kids, the state's CHIP program, offers free or low-cost coverage to children ages 18 and under with family incomes up to 235 percent of the federal poverty level who do not qualify for Medicaid. PeachCare for Kids requires a monthly premium depending on the number and the ages of the children applying. PeachCare does not require co-payments.

State Policy for Enrolling Children from Kinship Care Families

In Georgia, grandparents and other relative caregivers (kinship care families) may apply for both Medicaid and PeachCare for Kids on behalf of a child they are raising. To apply for coverage on behalf of a related child, grandparents and other relative caregivers:

- do not need to have legal custody or guardianship of the child;
- will not have their income considered by the state in determining the child's eligibility for coverage (regardless of the caregiver's status as legal custodian or guardian). Only the child's income (e.g., child support, social security death benefits, or a private trust) will be used to determine eligibility for health coverage unless the child's parents also live with the caregiver and the child;

- do not need to submit proof of the parents' income (or prove a lack of parental income) unless the child's parents also live with the caregiver;
- do not need to prove their blood relationship to the child or that they are the child's full-time caretakers;
- must have the child living in their home, and the child must intend to remain in the state at the time of application. The child, however, need not have resided in the caregiver's home or in the state for a certain period of time before becoming eligible for benefits.

Expanding Outreach to Kinship Care Families

Jana Key, Program Director for PeachCare for Kids, says the state is using some effective outreach strategies to reach grandparents and relative caregivers. "PeachCare has an outreach video which features a grandparent. This video is distributed to primary care physicians and is run in hospital playrooms, health departments, and welfare offices."

Linda Lowe, Health Policy Specialist with the Georgia Legal Services Program, describes other barriers she believes need to be eliminated for the state to help relative caregivers obtain health care for the children they raise. "The Department of Community Health has worked hard and creatively in its outreach. One concern, though, is that there are too few knowledgeable people answering the phones [in the Medicaid and PeachCare for Kids programs]. When grandparents call they may be given the wrong information. Additionally, there have been significant communication problems between Medicaid and PeachCare in processing and following-up on some applications. When PeachCare determines that a child is probably eligible for Medicaid, there has been little tracking to make sure the child gets it. However, the state has recently implemented procedures to correct the eligibility determination problem for children qualifying for Medicaid."

For more information about Medicaid or PeachCare for Kids, relative caregivers in Georgia should call 1-877-GA-PEACH (427-3224) or log on to http://www.communityhealth.state.ga.us.

HAWAII

Health Insurance for Children in Hawaii

Hawaii offers free health insurance to eligible children through the following programs:

- Medicaid provides free health insurance to children under age one with family incomes up to 185 percent of the federal poverty level, children ages one through five with family incomes up to 133 percent of the federal poverty level, and children ages six through 18 (and in some cases, through the age of 21) with family incomes up to 100 percent of the federal poverty level. Services are provided through two main programs: Hawaii QUEST and Medicaid Fee-for-Service. Hawaii QUEST is a managed care program that serves children who are not blind or disabled. Those children who are certified blind or disabled are provided service through the Medicaid Fee-for-Service program.
- Hawaii's State Children's Health Insurance Program (S-CHIP), an expansion of the existing Medicaid program, offers health coverage to children ages 18 and under with family

incomes up to 200 percent of the federal poverty level. There are no premiums or co-payments for services provided to these children under S-CHIP.

- A new state-funded health insurance program offers free coverage to legal immigrant children ages 18 and under with family incomes below 200 percent of the federal poverty level. The children must be permanent legal residents who arrived in the United States on or after August 22, 1996 or who are legal immigrants, refugees, and citizens from the Marshall Islands, Federated States of Micronesia, and Palau covered by the Compact of Free Association (CFA).

State Policy for Enrolling Children from Kinship Care Families

In Hawaii, grandparents and other relative caregivers (kinship caregivers) may apply for all of the programs described above on behalf of a child they are raising. To apply for coverage on behalf of a related child, grandparents and other relative caregivers:

- do not need to have legal custody or guardianship of the child;
- will not have their income considered by the state in determining the child's eligibility for coverage (regardless of the caregiver's status as legal custodian or guardian). Only the child's income (e.g., child support, social security death benefits, or a private trust) will be used to determine eligibility for health coverage unless the child's parents also live with the caregiver and the child (exception: legal guardians will have their income counted in determining the QUEST eligibility of a child ages 18 to 21);
- do not need to submit proof of the parents' income (or prove a lack of parental income) unless the child's parents also live with the caregiver;
- do not need to prove their blood relationship to the child or that they are the child's full-time caretakers;
- must have the child living in their home, and the child must intend to remain in the state at the time of application. The child, however, need not have resided in the caregiver's home or in the state for a certain period of time before becoming eligible for benefits.

Expanding Outreach to Kinship Care Families

"Kinship care is widely acknowledged in Hawaii. There are many extended families living together, so there are generally not problems with caseworkers improperly counting income or requiring legal custody," says Barbara Luksch, Project Director of Hawaii Covering Kids. "Still, more can be done in reaching out to schools, Head Start programs, AARP members, and faith-based groups to educate grandparents about the availability of these programs. Also, more needs to be done to explain the relationship between health insurance and child support, so that the caregiver understands that the state will go after child support from the child's parents if health insurance is obtained for the child."

Kristen Darling, former Project Coordinator of Malama Pono at the Hawaii Medical Association, says that while there have been excellent health outreach efforts to the general public, "I would like to see more outreach to the elderly about these programs, such as including QUEST information in social security checks." Advocates also worry that many caregivers in Hawaii's large immigrant population might be afraid to apply for health coverage. State officials, however, say they have been working to remedy these concerns.

"Hawaii has been very progressive in wanting to provide immigrant children the same benefits as U.S. citizens and recently passed a bill that created a CHIP look-alike program that is fully funded by state money. It provides legal immigrant children ages 18 and under with family incomes up to 200 percent of the federal poverty level the same services provided under Medicaid Fee-for-Service and QUEST," says Diane Tachera, Public Information Officer for the Hawaii Department of Human Services' Med-QUEST Division.

State officials note that health workers also help link relatives to other available government benefits on behalf of the children they are raising. "We definitely tell grandparents who come in to apply for health coverage to apply for Temporary Assistance for Needy Families (TANF) and other benefits as well," says Ann G. Tam Sing, Eligibility Branch Administrator for the Hawaii Department of Human Services.

For information about how to apply for Medicaid Fee-for-Service, QUEST, or the state-funded health insurance program for legal immigrant children, relative caregivers in Hawaii should call 808-275-2000 on O'ahu or toll-free from the Neighbor Islands at 1-877-275-6569 or log on to http://www.state.hi.us/dhs/.

IDAHO

Health Insurance for Children in Idaho

Idaho offers free or low-cost health insurance to eligible children through one program:

- The state's Children's Health Insurance Program (CHIP) offers free coverage to children ages 18 and under with family incomes up to 150 percent of the federal poverty level. In rare cases, coverage may be extended to children up to the age of 21. There are no premiums or co-payments.

State Policy for Enrolling Children from Kinship Care Families

In Idaho, grandparents and other relative caregivers (kinship care families) may apply for CHIP on behalf of a child they are raising. To apply for coverage on behalf of a related child, grandparents and other relative caregivers:

- do not need to have legal custody or guardianship of the child;
- will not have their income considered by the state in determining the child's eligibility for coverage (regardless of the caregiver's status as legal custodian or guardian). Only the child's income (e.g., child support, social security death benefits, or a private trust) will be used to determine eligibility for health coverage unless the child's parents also live with the caregiver and the child;
- do not need to submit proof of the parents' income (or prove a lack of parental income) unless the child's parents also live with the caregiver;
- do not need to prove their blood relationship to the child or that they are the child's full-time caretakers;
- must have the child living in their home, and the child must intend to remain in the state at the time of application. The child, however, need not have resided in the caregiver's home or in the state for a certain period of time before becoming eligible for benefits.

Expanding Outreach to Kinship Care Families

Kevin Borden, lead organizer for the Idaho Community Action Network, reports that the barriers to grandparents and relative caregivers accessing health care for children are not a result of the state's policy, but of the implementation of that policy. He says that caseworkers sometimes ask for information that is not necessary to determine eligibility. He also suggests that outreach could be improved. "One way to increase enrollment among the relative caregiver population," says Borden, "would be to out-station caseworkers at emergency rooms and health clinics." Borden adds that there has been an 85 percent drop in welfare caseloads, but the number of caseworkers to handle caseloads has been maintained and in some cases increased. "It would make sense that these caseworkers be outstationed to provide outreach and educate kinship care families about CHIP. If the state were doing sufficient outreach, it would not have had to return $4 million in unspent CHIP funds to the federal government, and that money could have been used to cover more children," says Borden.

Patti Campbell, Bureau Chief of the Idaho Department of Health and Welfare, Division of Welfare, explains that "sometimes it may appear that we are requesting unnecessary information for CHIP, but in most cases that is because the person has applied for multiple programs with different eligibility requirements in the same application." Campbell adds that the caseload reduction referred to by Mr. Borden is the Idaho TANF caseload. "In actuality," says Campbell, "the Department enrolled 24,556 new children in CHIP between November 1999 and October 2000. Additionally, the Department has made many active outreach contracts with federally qualified health centers, district health departments, and other community agencies. The Department is also developing permanent out-station sites staffed by Department employees to educate families about the availability of Idaho health insurance, including one at the West Valley Medical Center in Caldwell, Idaho."

For more information about how to apply for CHIP in the state of Idaho, relative caregivers should call 1-800-926-2588 or log on to http://www.idahohealth.org.

ILLINOIS

Health Insurance for Children in Illinois

Illinois offers free or low-cost health insurance to eligible children through five KidCare programs:

- The KidCare Moms and Babies Plan provides free coverage to children under the age of one with family incomes up to 200 percent of the federal poverty level. The KidCare Assist Plan offers free coverage to children ages one through 18 with family incomes up to 133 percent of the federal poverty level.
- KidCare Share and KidCare Premium, the state's CHIP programs, offer coverage to children ages 18 and under with family incomes up to 185 percent of the federal poverty level who do not qualify for Medicaid. These programs may require premiums and co-payments depending upon the family's income.

- The KidCare Rebate Plan allows families with children ages 18 and under who obtain health insurance through their employers or other private health insurance programs to apply for a rebate for some or all of the premiums they pay for their children's health insurance, depending on the income of the family.

State Policy for Enrolling Children from Kinship Care Families

In Illinois, grandparents and other relative caregivers (kinship care families) may apply for all five KidCare programs on behalf of a child they are raising. To apply for coverage on behalf of a related child, grandparents and other relative caregivers:

- do not need to have legal custody or guardianship of the child;
- will not have their income considered by the state in determining the child's eligibility for coverage (regardless of the caregiver's status as legal custodian or guardian). Only the child's income (e.g., child support, social security death benefits, or a private trust) will be used to determine eligibility for health coverage unless the child's parents also live with the caregiver and the child;
- do not need to submit proof of the parents' income (or prove a lack of parental income) unless the child's parents also live with the caregiver;
- do not need to prove their blood relationship to the child or that they are the child's full-time caretakers;
- must have the child living in their home, and the child must intend to remain in the state at the time of application. The child, however, need not have resided in the caregiver's home or in the state for a certain period of time before becoming eligible for benefits.

Expanding Outreach to Kinship Care Families

"Illinois has done a good job partnering with community-based nonprofit organizations to make it easier for parents and caregivers to complete the mail-in health insurance applications, but more targeted outreach towards kinship care families would be useful," says Brian Matakis, Director of State Finance at Voices for Illinois Children, a private statewide nonprofit advocacy group based in Chicago. Additional barriers to enrollment in KidCare programs for children in kinship care families were also cited by advocates. "Even though the state is not supposed to count a grandparent's income or require legal custody, sometimes the caseworkers make mistakes," notes Laura McAlpine, Policy Director for the Illinois Caucus for Adolescent Health. She also notes, however, that advocates are working to educate relative caregivers about eligibility. Other advocates point to the fact that many grandparents and other relatives may assume that they need legal custody or guardianship to apply for health coverage for their children when they do not. Others are afraid to share information about the child's absent parents in the application process.

For more information about how to apply for Illinois' KidCare programs, relative caregivers in Illinois should call 1-866-4-OUR-KIDS (468-7543) or log on to http://www.kidcareillinois.com.

INDIANA

Health Insurance for Children in Indiana

Indiana offers free or low-cost health insurance to eligible children through Hoosier Healthwise:

- Hoosier Healthwise Package A, funded by Medicaid and the state's CHIP program, provides premium-free coverage to children ages 18 and under with family incomes up to 150 percent of the federal poverty level;
- Hoosier Healthwise Package C, funded through the state's CHIP program, provides low-cost coverage to children ages 18 and under with family incomes between 100 percent and 200 percent of the federal poverty level who are not eligible for Medicaid. Package C requires monthly premiums based on family size and income. There are also co-payments for prescription drugs and ambulance services.

State Policy for Enrolling Children from Kinship Care Families

In Indiana, grandparents and other relative caregivers (kinship care families) may apply for both Hoosier Healthwise Packages A and C on behalf of a child they are raising. To apply for coverage on behalf of a related child, grandparents and other relative caregivers:

- do not need to have legal custody or guardianship of the child;
- will not have their income considered by the state in determining the child's eligibility for coverage (regardless of the caregiver's status as legal custodian or guardian). Only the child's income (e.g., child support, social security death benefits, or a private trust) will be used to determine eligibility for health coverage unless the child's parents also live with the caregiver and the child;
- do not need to submit any proof of the parents' income (or prove a lack of parental income) unless the child's parents also live with the caregiver;
- do not need to prove their blood relationship to the child or that they are the child's full-time caretakers;
- must have the child living in their home, and the child must intend to remain in the state at the time of application. The child, however, need not have resided in the caregiver's home or in the state for a certain period of time before becoming eligible for benefits.

Expanding Outreach to Kinship Care Families

Indiana advocates report that the main problem in enrolling children being raised by grandparents or other relative caregivers in Hoosier Healthwise is the caregivers' lack of knowledge about their ability to apply for health coverage on their children's behalf. Donna Gore Olsen, State Coordinator for Family Voices, feels the state could improve its outreach to this population by making sure that the county offices administering Hoosier Healthwise connect with kinship care providers in rural communities and with county offices of the Area Agencies on Aging. Cindy Stamper, Medicaid Eligibility Manager for the Indiana Family and Social Services Administration, notes that the state has already begun to address this

need by partnering with organizations such as AARP to educate kinship care families about Hoosier Healthwise.

For more information about how to apply for Hoosier Healthwise, relative caregivers in Indiana should call 1-800-889-9949 or log on to http://www.IN.gov/fssa/healthcare/.

IOWA

Health Insurance for Children in Iowa

Iowa offers free or low-cost health insurance to eligible children through two programs:

- Medicaid provides free coverage to children under the age of one with family incomes up to 200 percent of the federal poverty level and ages one through 18 with family incomes up to 133 percent of the federal poverty level;
- HAWK-I, the state's CHIP program, provides coverage to children ages 18 and under with family incomes up to 200 percent of the federal poverty level who are not eligible for Medicaid. HAWK-I may require premiums and co-payments for emergency services depending on the family's income.

State Policy for Enrolling Children from Kinship Care Families

In Iowa, grandparents and other relative caregivers (kinship care families) may apply for both Medicaid and HAWK-I on behalf of a child they are raising. To apply for coverage on behalf of a related child, grandparents and other relative caregivers:

- do not need to have legal custody or guardianship of the child;
- will not have their income considered by the state in determining the child's eligibility for coverage (regardless of the caregiver's status as legal custodian or guardian). Only the child's income (e.g., child support, social security death benefits, or a private trust) will be used to determine eligibility for health coverage unless the child's parents also live with the caregiver and the child;
- do not need to submit any information about the parents' income (or prove a lack of parental income) unless the child's parents also live with the caregiver;
- do not need to prove their blood relationship to the child or that they are the child's full-time caretakers;
- must have the child living in their home, and the child must intend to remain in the state at the time of application. The child, however, need not have resided in the caregiver's home or in the state for a certain period of time before becoming eligible for benefits.

Expanding Outreach to Kinship Care Families

Iowa advocates generally report that the state has improved communications between Medicaid and HAWK-I applicants and caseworkers. The state has instituted more effective worker training and added

more telephone operators to answer questions through the information hotline for Iowa's health programs. Iowa has also placed Medicaid eligibility workers at HAWK-I to process the applications referred to Medicaid. However, eligibility information for grandparents and other relative caregivers is sometimes ambiguous. Paula Connolly, Regional Coordinator for Family Voices, says, "There are mixed messages given to grandparents and other relative caregivers at the time of processing the application about what is required of them. For example, some relative caregivers are questioned about whether they have legal custody even though state policy indicates that this is not a necessary requirement for obtaining health insurance for the children they are caring for."

For more information about how to apply for Medicaid or HAWK-I, relative caregivers in Iowa should call 1-800-257-8563 or log on to http://www.hawk-i.org.

KANSAS

Health Insurance for Children in Kansas

Kansas offers free or low-cost health insurance to eligible children through two programs:

- Medicaid provides free coverage to children under the age of one with family incomes up to 150 percent of the federal poverty level, ages one through five with family incomes up to 133 percent of the federal poverty level, and ages six through 18 with family incomes up to 100 percent of the federal poverty level.
- Health*Wave*, the state's CHIP program, provides coverage for children ages 18 and under with family incomes up to 200 percent of the federal poverty level who are not eligible for Medicaid. Health*Wave* may require premiums depending on the family's income. There are no co-payments.

State Policy for Enrolling Children from Kinship Care Families

In Kansas, grandparents and other relative caregivers (kinship care families) may apply for both Medicaid and Health*Wave* on behalf of a child they are raising if the relative is within the fifth degree of kinship to the child (e.g., a great-great grandparent or first cousin once-removed). To apply for coverage on behalf of a related child, grandparents and other relative caregivers:

- do not need to have legal custody or guardianship of the child;
- will not have their income considered by the state in determining the child's eligibility for coverage (regardless of the caregiver's status as legal custodian or guardian). Only the child's income (e.g., child support, social security death benefits, or a private trust) will be used to determine eligibility for health coverage unless the child's parents also live with the caregiver and the child;
- do not need to submit proof of the parents' income (or prove a lack of parental income) unless the child's parents also live with the caregiver;
- do not need to prove their blood relationship to the child or that they are the child's full-time caretakers;

- must have the child living in their home, and the child must intend to remain in the state at the time of application. The child, however, need not have resided in the caregiver's home or in the state for a certain period of time before becoming eligible for benefits.

Expanding Outreach to Kinship Care Families

Kansas advocates report few problems with the Kansas Medicaid and Health*Wave* programs with respect to the enrollment of children being raised by grandparents and other relative caregivers, except in reaching families in rural communities. Both Julie Reid of Kansas Children's Service League and Gary Brunk of Kansas Action for Children note that while the intensive outreach campaigns in the state are working well, rural families are sometimes missed, including kinship care families. Both advocates identified community-based outreach as the best way to increase enrollment among the rural populations.

For more information about Medicaid and Health*Wave*, relative caregivers in Kansas should call 1-800-792-4884 or log on to http://www.kansashealthwave.org.

KENTUCKY

Health Insurance for Children in Kentucky

Kentucky offers free health coverage to eligible children through one program:

- Kentucky Children's Health Insurance Program (KCHIP) provides free coverage for children ages 18 and under with family incomes up to 200 percent of the federal poverty level. KCHIP does not require premiums or co-payments.

State Policy for Enrolling Children from Kinship Care Families

In Kentucky, grandparents and other relative caregivers (kinship care families) may apply for KCHIP on behalf of a child they are raising. To apply for coverage on behalf of a related child, grandparents and other relative caregivers:

- do not need to have legal custody or guardianship of the child;
- will not have their income considered by the state in determining the child's eligibility for coverage (regardless of the caregiver's status as legal custodian or guardian). Only the child's income (e.g., child support, social security death benefits, or a private trust) will be used to determine eligibility for health coverage unless the child's parents also live with the caregiver and the child;
- do not need to submit proof of the parents' income (or prove a lack of parental income) unless the child's parents also live with the caregiver;
- do not need to prove their blood relationship to the child or that they are the child's full-time caretakers;
- must have the child living in their home, and the child must intend to remain in the state at the time of application. The child, however, need not have resided in the caregiver's home or in the state for a certain period of time before becoming eligible for benefits.

Expanding Outreach to Kinship Care Families

"Kentucky encourages relative caregivers to get health coverage for the children they are raising," says Ruth Walker, nurse consultant for Kentucky's Cabinet for Health Services. "This is important as the numbers of these kinship care families increase," she says. The Cabinet for Health Services, along with 20 other private and public agencies, shared health information with caregivers at the state's recent Grandparents Raising Grandchildren Conference. "We're also bringing speakers who can describe these health programs to the grandparent support groups across the state," says Bill Montgomery, Coordinator of the Kentucky KinCare Project. Advocates uniformly agree that Kentucky has taken positive steps to try to ensure that children being raised by grandparents and other relative caregivers can obtain health coverage. "The Cabinet for Families and Children has given priority to the issue of relative caregivers," says Anne Joseph, Director of the Kentucky Task Force on Hunger. "A combination of the work of advocates and reasonable state policies has really made for a decent environment for caregivers here."

Even with progressive policies, however, advocates have found barriers that make it difficult for relative caregivers to apply for health insurance for the children they are raising. One such difficulty is getting information to the more isolated, rural populations, reports Julia Field Costich, Project Director for Covering Kentucky Kids. State advocates also report that caregivers may be asked for income information despite state policy to the contrary, and sometimes applications are not processed until this information is provided. The lack of consistent frontline services is also a problem. Kim North, the Covering Kids Coordinator for Harlan County, Kentucky, says, "Grandparents' experiences depend on the caseworker they get when they first apply. There are some caseworkers who will bend over backwards to help people and others who will try to find anything wrong to make them think the children are ineligible."

For more information about how to apply for KCHIP, relative caregivers in Kentucky should call 1-877-KCHIP-18 or log on to http://chs.state.ky.us/kchip/.

LOUISIANA

Health Insurance for Children in Louisiana

Louisiana offers free health insurance to eligible children through one program:

- LaCHIP, the state's expanded Medicaid program, provides free coverage to children ages 18 and under with family incomes up to 200 percent of the federal poverty level. LaCHIP does not require any premiums or co-payments.

State Policy for Enrolling Children from Kinship Care Families

In Louisiana, grandparents and other relative caregivers (kinship care families) may apply for LaCHIP on behalf of a child they are raising. To apply for coverage on behalf of a related child, grandparents and other relative caregivers:

- do not need to have legal custody or guardianship of the child;
- will not have their income considered by the state in determining the child's eligibility for coverage (regardless of the caregiver's status as legal custodian or guardian). Only the

child's income (e.g., child support, social security death benefits, or a private trust) will be used to determine eligibility for health coverage unless the child's parents also live with the caregiver and the child;

- do not need to submit proof of the parents' income (or prove a lack of parental income) unless the child's parents also live with the caregiver;
- do not need to prove their blood relationship to the child or that they are the child's full-time caretakers;
- must have the child living in their home, and the child must intend to remain in the state at the time of application. The child, however, need not have resided in the caregiver's home or in the state for a certain period of time before becoming eligible for benefits.

Expanding Outreach to Kinship Care Families

Donna Dedon, Medicaid Policy Manager for the Louisiana Department of Health and Hospitals, and Ruth Kennedy, Medicaid's Deputy Director of Eligibility and Enrollment, explain that the state has been actively involved in outreach efforts to target kinship care families. "We have involved faith-based groups, day care centers, Head Start programs, and Councils on Aging as partners in our outreach efforts," says Dedon. "Grandparents and other kinship caregivers were identified initially as an important population to target and continue to be a part of a segmented primary audience for LaCHIP outreach."

Louisiana advocates indicate that more could be done to make grandparents and other relative caregivers in rural communities aware that their children are eligible for LaCHIP. Rhea Williams-Bishop, Children's Health Insurance Coordinator at the Children's Defense Fund (CDF) regional office in Jackson, Mississippi, suggests that the state could do this by connecting with a wider range of faith-based organizations and Head Start programs and says that CDF is helping the state connect with these hard-to-reach populations.

There are also challenges with medical child support information requirements. Other advocates report that despite state efforts to clarify that children are eligible for LaCHIP even when grandparents choose not to cooperate with medical child support enforcement, grandparents are still pressured to cooperate even though it might jeopardize their relationship with the child's parents.

For more information about how to apply for LaCHIP, relative caregivers in Louisiana should call 1-877-2-La-CHIP (252-2447) or log on to http://www.dhh.state.la.us.

MAINE

Health Insurance for Children in Maine

Maine offers free or low-cost health insurance to eligible children through two programs:

- Medicaid provides free coverage to children under age one with family incomes up to 185 percent of the federal poverty level and children ages one through 18 with family incomes up to 150 percent of the federal poverty level.

- Cub Care, the state's CHIP program, provides coverage for children ages 18 and under with family incomes up to 200 percent of the federal poverty level who are not eligible for Medicaid. While there is no cost for most families, Cub Care may require some premiums depending on the family's income. There are no co-payments.

State Policy for Enrolling Children from Kinship Care Families

In Maine, grandparents and other relative caregivers (kinship care families) may apply for both Medicaid and Cub Care on behalf of a child they are raising. To apply for coverage on behalf of a related child, grandparents and other relative caregivers:

- do not need to have legal custody or guardianship of the child;
- will not have their income considered by the state in determining the child's eligibility for coverage regardless of the relative caregiver's status as legal custodian or guardian of the child. Only the child's income (e.g., child support, social security death benefits, or a private trust) will be used to determine eligibility for health coverage unless the child's parents also live with the caregiver and the child. There is one exception. For those caregivers who claim the child they are raising as a dependent on their income tax returns, the state considers the child to receive $77 of income from the grandparent (and an additional $71 for each additional child);
- do not need to submit proof of the parents' income (or prove a lack of parental income) unless the child's parents also live with the caregiver;
- do not need to prove their blood relationship to the child or that they are the child's full-time caretakers;
- must have the child living in their home, and the child must intend to remain in the state at the time of application. The child, however, need not have resided in the caregiver's home or in the state for a certain period of time before becoming eligible for benefits.

Expanding Outreach to Kinship Care Families

Jon Bolton, Outreach Coordinator for Consumers for Affordable Health Care in Maine, reports he has not found that grandparents and other relative caregivers have difficulties enrolling the children they are raising in Medicaid and Cub Care. He cautions, however, that the ambiguous wording in the state's policy manual may present a barrier to some families. "It is not really clear from the rules whether a grandparent with legal custody is different from a legal parent and whether her income has to be counted in determining a child's eligibility." Barbara Feltes, Medicaid Program Manager at the Maine Department of Human Services, disagrees, pointing out that the regulations governing the financial responsibility of relatives are very clear about how a relative caregiver's income should be treated for the purposes of determining a child's eligibility.

For more information about how to apply for Medicaid or Cub Care, relative caregivers in Maine should call 1-877-KIDS-NOW or log on to http://janus.state.me.us/dhs/bfi/cc_menu.htm.

MARYLAND

Health Insurance for Children in Maryland

Maryland offers free health insurance to eligible children through one program:

- The Maryland Children's Health Program (MCHP) offers coverage to uninsured children ages 18 and under with family incomes up to 200 percent of the federal poverty level. MCHP requires no premiums or co-payments.

State Policy for Enrolling Children from Kinship Care Families

In Maryland, grandparents and other relative caregivers (kinship care families) may apply for the Maryland Children's Health Program on behalf of a child they are raising. To apply for coverage on behalf of a related child, grandparents and other relative caregivers:

- do not need to have legal custody or guardianship of the child;
- will not have their income considered by the state in determining the child's eligibility for coverage (regardless of the caregiver's status as legal custodian or guardian). Only the child's income (e.g., child support, social security death benefits, or a private trust) will be used to determine eligibility for health coverage unless the child's parents also live with the caregiver and the child;
- do not need to submit proof of the parents' income (or prove a lack of parental income) unless the child's parents also live with the caregiver;
- do not need to prove their blood relationship to the child or that they are the child's full-time caretakers;
- must have the child living in their home, and the child must intend to remain in the state at the time of application. The child, however, need not have resided in the caregiver's home or in the state for a certain period of time before becoming eligible for benefits.

Expanding Outreach to Kinship Care Families

"We try to keep the application simple for all parents and caregivers," says Ned Wollman, Deputy Director of the Beneficiary Services Administration, a division of the Maryland Department of Health and Mental Hygiene. "Our application is only three pages and there is no face-to-face interview required. Parents and caregivers can mail in the application."

While the state may promote easy enrollment, some advocates say that state policies are not always implemented consistently. Debbie Rock, Executive Director of the Baltimore Pediatric HIV Program, notes, for example, that "many of the grandparents I have served have had their income incorrectly counted when they are applying for health coverage on behalf of their grandchildren." In addition, says Rock, "These caregivers can also be overwhelmed by the bureaucracy. Even the complicated voice-mail system can make them want to give up." Wollman disagrees, "The state is in close and constant communication with advocacy groups throughout the state, and I have never heard this issue brought up as a significant problem."

Caregivers may face some problems accessing medical care after they obtain health insurance coverage on behalf of the children they are raising. "In the more rural parts of Maryland, many grandparents cannot find health care providers who will accept state insurance coverage. This is especially true for mental health and dental services," says Myra White-Gray, the Kinship Care Program Analyst for the Maryland Department of Human Resources, "but we are working with our local staff to eliminate those barriers." Sharon McKinley, Kinship Care Project Manager at the Child Welfare League of America, which is doing work in Maryland, suggests, "We need to do even more outreach through churches, community organizations, and grandparent support groups to let grandparents know they can apply. Sometimes the caseworkers don't even have the right information."

For more information about how to apply for the Maryland Children's Health Program, relative caregivers in Maryland should call 1-800-456-8900 or log on to http://www.dhmh.state.md.us/mma/mchp.

MASSACHUSETTS

Health Insurance for Children in Massachusetts

Massachusetts offers free and low-cost health insurance to eligible children through two programs:

- MassHealth Standard, the state's Medicaid program, provides coverage to children ages one and under with family incomes up to 200 percent of the federal poverty level and children ages two through 18 with family incomes up to 150 percent of the federal poverty level. Children who cannot qualify for MassHealth Standard may be eligible for MassHealth CommonHealth or MassHealth Family Assistance.
- The Children's Medical Security Plan (CMSP) is another state program that provides coverage to children ages 18 and under who do not qualify for Medicaid or the other MassHealth programs. Coverage is free for children with family incomes up to 200 percent of the federal poverty level. There is a monthly fee on a sliding scale for children with family incomes over 200 percent of the federal poverty level. No premiums or co-payments are required.

State Policy for Enrolling Children from Kinship Care Families

In Massachusetts, grandparents and other relative caregivers (kinship care families) may apply for MassHealth and CMSP on behalf of a child they are raising. To apply for coverage on behalf of a related child, grandparents and other relative caregivers:

- do not need to have legal custody or guardianship of the child;
- will not have their income considered by the state in determining the child's eligibility for coverage (regardless of the caregiver's status as legal custodian or guardian). Only the child's income (e.g., child support, social security death benefits, or a private trust) will be used to determine eligibility for health coverage unless the child's parents also live with the caregiver and the child;
- do not need to submit any proof of the parent's income (or prove a lack of parental income) unless the child's parents also live with the caregiver and the child, or the child receives support from the parents;

- must declare their blood relationship and caretaker status, but do not need to submit formal proof of either;
- must have the child living in their home, and the child must intend to remain in the state at the time of application. The child, however, need not have resided in the caregivers home or in the state for a certain period of time before becoming eligible for benefits.

Expanding Outreach to Kinship Care Families

Information about MassHealth and CMSP is circulated through the statewide Health Access Networks, six regional forums that bring together advocates and representatives from communities and state agencies to discuss changes in health care programs and policies. However, there have been no outreach efforts specifically targeted towards educating relative caregivers about their ability to apply for health insurance on behalf of the children they are raising, says Ana Bodipo-Memba, Policy Analyst for Health Care for All. Bodipo-Memba also points out that it is important for caregivers to know that they also may be eligible for coverage under MassHealth Standard along with the children if the family's income is at or below 133 percent of the federal poverty line. "Relative caregivers are treated like parents with regard to eligibility requirements," says Bodipo-Memba. Ellen Unruh, Program Coordinator for the Health Access Networks, suggests that the state should engage in more community-based outreach, using workers who are familiar with each community's specific culture and needs, including those of kinship care families.

For more information about MassHealth or CMSP, relative caregivers should call 1-800-841-2900 or log on to http://www.state.ma.us/dma/masshealthinfo/applmemb_IDX.htm.

MICHIGAN

Health Insurance for Children in Michigan

Michigan offers free or low-cost health insurance to eligible children through two programs:

- Healthy Kids, the state's Medicaid program, provides free coverage to children under age one with family incomes up to 185 percent of the federal poverty level and children ages one through 18 with family incomes up to 150 percent of the federal poverty level.
- MIChild, the state's CHIP program, provides coverage for children ages 18 and under with family incomes up to 200 percent of the federal poverty level who are not eligible for Medicaid. MIChild requires a small monthly premium, but co-payments are not required.

State Policy for Enrolling Children from Kinship Care Families

In Michigan, grandparents and other relative caregivers (kinship care families) may apply for both Healthy Kids and MIChild on behalf of a child they are raising. To apply for coverage on behalf of a related child, grandparents and other relative caregivers:

- do not need to have legal custody or guardianship of the child;
- will not have their income considered by the state in determining the child's eligibility for coverage (regardless of their status as legal custodian or guardianship of the child). Only

the child's income (e.g., child support, social security death benefits, or a private trust) will be used to determine eligibility for health coverage unless the child's parents also live with the caregiver and the child;

- do not need to submit proof of the parents' income (or prove a lack of parental income) unless the child's parents also live with the caregiver;
- do not need to prove their blood relationship to the child or that they are the child's full-time caretakers although the caseworker may request voluntary submission of written documentation (e.g., a school registration form that lists the caregiver's address);
- must have the child living in their home, and the child must intend to remain in the state at the time of application. The child, however, need not have resided in the caregiver's home or in the state for a certain period of time before becoming eligible for benefits.

Expanding Outreach to Kinship Care Families

Michigan's approach to grandparent caregivers is "consumer-friendly to the grandparent and the child involved . . .if the child is living with anyone other than his/her legal parent, only the child's income is considered," says James K. Haveman, Jr., Director of Michigan's Department of Community Health. Advocates in Michigan, however, report several barriers to grandparents and other relative caregivers getting health care for the children they are raising. Alana Aronin of the Michigan Council for Maternal and Child Health notes, "Grandparents tend to be isolated from the system. Non-parent caretakers are already overwhelmed and don't know what services are available to help them. There needs to be an increase in funding to do more outreach to help this population." Aronin adds that grandparents and other relative caregivers may be especially isolated from traditional child health venues such as the schools and WIC clinics, for example. "Grandparents' connection to traditional human services resources may be limited. Increased funding for outreach would help caregivers access resources that might otherwise be unavailable to them," says Aronin.

Lucinda Stinson of the Center for Advancing Community Health cites other barriers. "The stigma of Medicaid, a lack of eligibility information, and the personal information caregivers are required to divulge on the application pose significant problems." Stinson suggests reaching the grandparent caregiver population by providing information about the availability of the child health programs in locations where grandparents are likely to be, such as churches and senior centers.

For more information about Healthy Kids or MIChild, relative caregivers in Michigan should call 1-888-988-6300 or log on to http://www.mdch.state.mi.us/msa/mdch_msa/miindex.htm.

MINNESOTA

Health Insurance for Children in Minnesota

Minnesota offers free or low-cost health insurance to eligible children through two main programs:

- The Medical Assistance Program, the state's Medicaid program, provides free coverage to children under age two with family incomes up to 280 percent of the federal poverty level

and children ages two through 21 with net family incomes up to 133 percent of the federal poverty level; income levels vary based on the age of the child.

- MinnesotaCare is provided to children ages 21 and under with family incomes up to 275 percent of the federal poverty level. Monthly premiums are required. MinnesotaCare was established before the federal CHIP legislation was passed.

State Policy for Enrolling Children from Kinship Care Families

In Minnesota, grandparents and other relative caregivers (kinship care families) may apply for Medical Assistance and MinnesotaCare on behalf of a child they are raising. To apply for coverage on behalf of a related child, grandparents and other caregivers:

- do not need to have legal custody or guardianship of the child;
- will not have their income considered by the state in determining the child's eligibility for coverage (regardless of the caregiver's status as legal custodian or guardian). Only the child's income (e.g., child support, social security death benefits, or a private trust) will be used to determine eligibility for health coverage unless the child's parents also live with the caregiver and child;
- do not need to submit any proof of parents' income (or prove a lack of parental income) unless the child's parents also live with the caregiver and the child;
- do not need to prove their blood relationship or submit any formal proof that they are the child's full-time caretakers;
- must have the child living in their home, and the child must intend to remain in the state at the time of application. However, the child need not have resided in the caregiver's home or in the state for a certain period of time before becoming eligible for benefits.

Expanding Outreach to Kinship Care Families

Advocates point out that it is particularly important for kinship care families to understand the differences between the state's Medical Assistance and MinnesotaCare programs because it could affect the level of health coverage that the children in their care receive and whether they have to pay a premium or not. The Medical Assistance Program, which is administered at the county level, has a slightly more comprehensive benefits package than MinnesotaCare.

Applications for MinnesotaCare must be submitted to the state agency, unless the caregiver resides in a county that has elected to process MinnesotaCare applications. When applying at the county level, the caregiver must specify that he or she wants to apply for MinnesotaCare.

Advocates point out that, in general, grandparents and other relative caregivers should first apply to a local county office and make sure they tell the caseworker they would like to be considered for the Medical Assistance Program, in order to obtain the no-cost benefits package. Jim Koppel of the Children's Defense Fund's Minnesota office says many families are confused by the administration of the two programs. "We know that there are currently thousands of children, some with parents and some with kin caregivers, paying for MinnesotaCare at the same time they are eligible for Medical Assistance. This is an administrative problem we are working with the state to improve," says Koppel.

For more information about how to apply for Medical Assistance, relative caregivers in Minnesota should call their local county office. To apply for MinnesotaCare, relative caregivers should call 1-800-657-3672. To learn more about both programs, kinship care families may also log on to http://www.dhs.state.mn.us/hlthcare/.

MISSISSIPPI

Health Insurance for Children in Mississippi

Mississippi offers free or low-cost health insurance to eligible children through two programs under Mississippi Health Benefits:

- Medicaid provides coverage to children under age one with family incomes up to 185 percent of the federal poverty level, ages one through five with family incomes up to 133 percent the federal poverty level, and ages six through 18 with family incomes up to 100 percent of the federal poverty level.
- Mississippi's Children's Health Insurance Program (CHIP) provides coverage to children ages 18 and under with family incomes up to 200 percent of the federal poverty level who are not eligible for Medicaid. Premiums are not required, but co-payments may be required, depending on the family's income.

State Policy for Enrolling Children from Kinship Care Families

In Mississippi, grandparents and other relative caregivers (kinship care families) may apply for Medicaid and CHIP on behalf of a child they are raising. To apply for coverage on behalf of a related child, grandparents and other caregivers:

- do not need to have legal custody or guardianship of the child;
- will not have their income considered by the state in determining the child's eligibility for coverage (regardless of the caregiver's status as legal custodian or guardian). Only the child's income (e.g., child support, social security death benefits, or a private trust) will be used to determine eligibility for health coverage unless the child's parents also live with the caregiver and child;
- do not need to submit any proof of parents' income (or prove a lack of parental income) unless the child's parents also live with the caregiver and the child;
- do not need to prove their blood relationship or submit any formal proof that they are the child's full-time caretakers;
- must have the child living in their home, and the child must intend to remain in the state at the time of application.
- to apply for Medicaid, the child need not have resided previously in the caregiver's home or in the state for a certain period of time before becoming eligible for benefits;
- to apply for CHIP, the child must have resided in the state for 30 days before applying to the program.

Expanding Outreach to Kinship Care Families

Mississippi has made recent changes to its health insurance programs designed to improve the Medicaid and CHIP application process for all families. Maria Morris of the Mississippi Division of Medicaid explains that "the state no longer requires proof of residence or proof of relationship to apply for health coverage. The state has also changed to a mail-in application, which makes the whole process easier, especially for those concerned with the stigma of welfare."

Brian Tharp, Project Coordinator of the Mississippi Health Advocacy Program, believes that a number of additional changes could be made. "When the responsibility for the health and well-being of an uninsured child is placed with a relative caregiver, children should automatically be enrolled by the state and presumed eligible for coverage," says Tharp. "The current application process generally takes at least 30 days, and that's a long time for a child who might have been injured, neglected, or abused. By moving to presumptive eligibility for uninsured children of relative caregivers, these children would be able to receive the care they need when they need it. We need to make sure this population of children and families are included in our current efforts to identify and enroll uninsured kids."

Morris agrees that delays in obtaining coverage could create problems for uninsured children. She reports that Mississippi recently received federal approval from the Health Care Financing Administration (HCFA) to eliminate the requirement that a child be uninsured for six months before qualifying for CHIP. Now, a child can be enrolled in CHIP if he or she has no health insurance at the time of application and meets all other eligibility criteria. Another recent state initiative is to eliminate the requirement that the applicant produce a copy of the child's birth certificate.

Under the leadership of Mississippi's new governor, Mississippi has taken great strides towards improving its health policies for children and families. "We're not done yet," says Tharp, "additional efforts to streamline the process would presume eligibility and allow non-DHS workers to screen and identify eligible children before the 30-day application process is completed to speed access to care. Officials are also considering discontinuing verification of family income and removing inquiries about absent parents and child support from the application. This would go a long way towards making it easier for parents and kinship care families to enroll their little ones," says Tharp.

For more information about Mississippi Health Benefits (Medicaid and CHIP), relative caregivers should call 1-877-KIDS-NOW or contact Maria Morris (601-359-6050, exmdm@ medicaid.state.ms.us) or Brian Tharp (1-877-982-2990, briant@mhap.org) or log on to http://www.mschip.com.

MISSOURI

Health Insurance for Children in Missouri

Missouri offers free or low-cost health insurance to eligible children through one program:

- MC+ provides health insurance for children ages 18 and under with family incomes up to 300 percent of the federal poverty level. Premiums and co-payments may be required, depending on the family's income, not to exceed a maximum amount.

State Policy for Enrolling Children from Kinship Care Families

In Missouri, grandparents and other relative caregivers (kinship care families) may apply for MC+ on behalf of a child they are raising. To apply for coverage on behalf of a related child, grandparents and other caregivers:

- do not need to have legal custody or guardianship of the child;
- will not have their income considered by the state in determining the child's eligibility for coverage (regardless of the caregiver's status as legal custodian or guardian). Only the child's income (e.g., child support, social security death benefits, or a private trust) will be used to determine eligibility for health coverage unless the child's parents also live with the caregiver and the child;
- do not need to submit proof of the parents' income (or prove a lack of parental income) unless the child's parents also live with the caregiver and the child;
- do not need to prove their blood relationship to the child or that they are the child's full-time caretakers;
- must have the child living in their home, and the child must intend to remain in the state at the time of application. The child, however, need not have resided in the caregiver's home or in the state for a certain period of time before becoming eligible for benefits.

Expanding Outreach to Kinship Care Families

Missouri advocates report that outreach to grandparents and other relative caregivers could be improved. According to Alice Kitchen, Director of Social Work and Community Services at Children's Mercy Hospital, the state could be reaching more of the kinship care population by conducting on-site enrollment in schools and day care and health care centers. Also, Kitchen suggests that small businesses are a missed outreach opportunity and should be asked to inform their employees about available coverage for children who are not already enrolled in MC+.

For more information about how to apply for MC+, relative caregivers in Missouri should call 1-888-275-5908 or log on to http://www.dss.state.mo.us/mcplus.

MONTANA

Health Insurance for Children in Montana

Montana offers free or low-cost health insurance coverage through two programs:

- Medicaid is available to children under age six with family incomes up to 133 percent of the federal poverty level, children between ages six and 16 (and 17- year-olds born on or after October 1, 1983) with family incomes up to 100 percent of the federal poverty level, and children ages 17, 18, and 19 born before October 1, 1983 with family incomes up to 39 percent of the federal poverty level.
- The Children's Health Insurance Plan (CHIP) is available to children ages 18 and under with family incomes up to 150 percent of the federal poverty level who are not eligible for

Medicaid. Co-payments are required for children with family incomes above 100 percent of the federal poverty level, and will not exceed a maximum amount. No premiums are required.

State Policy for Enrolling Children from Kinship Care Families

In Montana, grandparents and other relative caregivers (kinship care families) may apply for Medicaid and CHIP on behalf of the child they are raising, provided that they are within the fifth degree of kinship (e.g., a great-great grandparent or first cousin once-removed). In order to apply for coverage for a related child, the Medicaid and CHIP rules vary:

Medicaid

- Grandparents and other relative caregivers do not need to have legal custody or guardianship of the child.
- The grandparent's income will not be considered in determining the child's eligibility. Only the child's income (e.g., child support, social security death benefits, or a private trust) will be used to determine eligibility for health coverage unless the child's parents also live with the caregiver and the child.
- The child does not have to reside with the caregiver. Although the child must intend to remain in the state at the time of application, he or she is not required to have resided in the state for a certain period of time.

CHIP

- The caregiver must have legal custody or guardianship of the child.
- The caregiver's income, in addition to the child's unearned income, will be considered in determining the child's eligibility for coverage.
- The child must reside with the person who applies for CHIP coverage on his behalf and must intend to remain in the state.

Medicaid and CHIP

- Grandparents and other relative caregivers do not need to submit proof of the parents' income (or prove a lack of parental income) for either Medicaid or CHIP unless the child's parents also live with the caregiver and the child.
- Grandparents and other relative caregivers do not need to prove their blood relationship to the child or that they are the child's full-time caretakers in order to apply for either Medicaid or CHIP.

Expanding Outreach to Kinship Care Families

Montana's Department of Public Health and Human Services (DPHHS) is currently developing several projects to reach out to kinship caregivers in the state. DPHHS, for example, is currently planning a statewide media campaign that features, among other families, a grandmother applying for health coverage for her grandchildren. "We are also simplifying the application," says Mary Noel, Montana's CHIP

Director, "and will make sure that grandparent and other relative caregivers take a close look at it to make sure it meets their needs."

State advocates report that despite the state's success in outreach, this particular population still faces barriers. Elizabeth Espelin of Healthy Mothers/Health Babies points out, for example, that many relative caregivers are still unaware that children may be eligible and are uncertain whether or not their income will be counted in the application process. Espelin, who runs the state's maternal and child health resource line and the Montana Covering Kids Project stresses that "we make sure caregivers get all the correct information when they call in." In general, advocates such as Steven Yeakel of the Montana Council of Maternal and Child Health agree that while some challenges persist, they have not heard of additional serious barriers facing kinship care families applying for health insurance in the state.

For more information about how to apply for Medicaid, relative caregivers in Montana should call their local county office of public assistance. For more information about CHIP, caregivers should call 1-877-KIDS-NOW (543-7669) or log on to http://www.dphhs.state.mt.us/hpsd/.

NEBRASKA

Health Insurance for Children in Nebraska

Nebraska offers free health coverage to eligible children through one program:

- Kids Connection is available to children ages 18 and under with family incomes up to 185 percent of the federal poverty level. No premiums or co-payments are required.

State Policy for Enrolling Children from Kinship Care Families

In Nebraska, grandparents and other relative caregivers (kinship care families) may apply for Kids Connection on behalf of the child they are raising. To apply for coverage on behalf of a related child, grandparents and other relative caregivers:

- do not need to have legal custody or guardianship of the child;
- will not have their income considered by the state in determining the child's eligibility for coverage (regardless of the caregiver's status as legal custodian or guardian). Only the child's income (e.g., child support, social security death benefits, or a private trust) will be used to determine eligibility for health coverage unless the child's parents also live with the caregiver and the child;
- do not need to submit proof of the parents' income (or prove a lack of parental income) unless the child's parents also live with the caregiver and the child;
- do not need to prove their blood relationship to the child or that they are the child's full-time caretakers (a caseworker may ask for the child's birth certificate, but failure to present such documentation does not preclude the child from receiving coverage);
- must have the child living in their home, and the child must intend to remain in the state at the time of application. The child, however, need not have resided in the caregiver's home or in the state for a certain period of time before becoming eligible for benefits.

Expanding Outreach to Kinship Care Families

Advocates are generally positive about the outreach that Kids Connection is doing for kinship care families. Linda Henson, Coordinator of the Grandparents Resource Center for the Eastern Nebraska Office on Aging, comments, "Grandparents generally don't have problems applying for health coverage on behalf of their grandkids." She adds that her organization and several other regional offices on aging sponsor kinship care support groups that include an information segment on health insurance for grandchildren. Kathy Bigsby Moore of Nebraska's Voices for Children, says, "There is a lot of effort being put toward Kids Connection outreach and the efforts are paying off."

For more information about how to apply for Kids Connection, caregivers in Nebraska should call 1-877-NEB-KIDS or log on to http://www.hhs.state.ne.us/med/kidsconx.htm.

NEVADA

Health Insurance for Children in Nevada

Nevada offers free or low-cost health insurance to eligible children through two programs:

- Medicaid offers free coverage to children up to age six with family incomes at or below 133 percent of the federal poverty level and to children ages six and older with family incomes at or below 100 percent of the federal poverty level.
- Nevada ✓ Check Up, the state's CHIP program, offers coverage to children under age 18 with family incomes up to 200 percent of the federal poverty level who are not eligible for Medicaid. The program may require premium payments, depending on the family's income.

State Policy for Enrolling Children from Kinship Care Families

In Nevada, grandparents and other relative caregivers (kinship care families) may apply for Medicaid and Nevada ✓ Check Up on behalf of the child they are raising. To apply for coverage on behalf of a related child, grandparents and other relative caregivers:

- do not need to have legal custody or guardianship of the child;
- will not have their income considered by the state in determining the child's eligibility for Medicaid coverage (regardless of the caregiver's status as legal custodian or guardian). For the purposes of Medicaid, only the child's income (e.g., child support, social security death benefits, or a private trust) will be used to determine eligibility for health coverage unless the child's parents also live with the caregiver and the child;
- will have their income considered by the state in determining the child's eligibility for Nevada ✓ Check Up (regardless of the caregiver's status as legal custodian or guardian);
- do not need to submit proof of the parents' income (or prove a lack of parental income) unless the child's parents also live with the caregiver and the child;
- do not need to prove their blood relationship to the child nor that they are the child's full-time caretakers;

- must have the child living in their home, and the child must intend to remain in the state at the time of application. The child, however, need not have resided in the caregiver's home or in the state for a certain period of time before becoming eligible for benefits.

Expanding Outreach to Kinship Care Families

Problems in outreach to kinship care families in Nevada are part of broader outreach problems. Vicky Chandler, the Northern Coalition Coordinator for Covering Kids, cites the need for better outreach and staffing for the Medicaid and Nevada ✓ Check Up programs. Roger Volker, Executive Director of the Great Basin Primary Care Association, says that enrollment in these programs is hampered by long distances and lack of providers in rural areas, lack of presumptive eligibility, and other barriers. However, the state reports that it is working with advocates to expedite eligibility and enrollment to ensure children in need become enrolled, and the state is actively recruiting providers to ensure greater participation in less populated areas.

For more information on Medicaid and Nevada ✓ Check Up, relative caregivers should log on to http://www.dhcfp.state.nv.us. For additional information about Nevada ✓ Check Up, caregivers should call 1-800-360-6044.

NEW HAMPSHIRE

Health Insurance for Children in New Hampshire

New Hampshire offers free or low-cost health insurance to eligible children through two programs:

- Healthy Kids Gold, the state's Medicaid program, covers children under age one with family incomes up to 300 percent of the federal poverty level and children ages one through 18 with family incomes up to 185 percent of the federal poverty level.
- Healthy Kids Silver, the state's CHIP program, covers children ages one through 18 with family incomes up to 300 percent of the federal poverty level who are not eligible for Healthy Kids Gold. Monthly premiums are required in the Silver program, depending on family income. A co-payment is required for some services.

State Policy for Enrolling Children from Kinship Care Families

In New Hampshire, grandparents and other relative caregivers (kinship care families) may apply for Healthy Kids Gold or Silver on behalf of the child they are raising. To apply for coverage on behalf of a related child, grandparents and other caregivers:

- do not need to have legal custody or guardianship of the child;
- will not have their income considered by the state in determining the child's eligibility for coverage (regardless of the caregiver's status as legal custodian or guardian). Only the child's income (e.g., child support, social security death benefits, or a private trust) will be used to determine eligibility for health coverage unless the child's parents also live with the caregiver and the child;

- do not need to submit proof of the parents' income (or prove a lack of parental income) unless the child's parents also live with the caregiver and the child;
- do not need to prove their blood relationship to the child or that they are the child's full-time caretakers;
- must have the child living in their home, and the child must intend to remain in the state at the time of application. The child, however, need not have resided in the caregiver's home or in the state for a certain period of time before becoming eligible for benefits.

Expanding Outreach to Kinship Care Families

New Hampshire advocates do not cite any major systemic barriers to grandparents and other relative caregivers obtaining health insurance for the children they are raising. Some advocates, however, believe that more could be done to educate this population on topics such as the fact that the income of kin generally is not counted in applying for either of the children's health insurance programs. Margaret Landsman, Kids Count Director for the Children's Alliance of New Hampshire, notes that it would be helpful if the state would engage in more targeted outreach towards relative caregivers.

For more information about how to apply for Healthy Kids Gold or Silver, relative caregivers in New Hampshire should call 1-877-464-2447 or log on to http://www.nhhealthykids.com.

NEW JERSEY

Health Insurance for Children in New Jersey

New Jersey offers free or low-cost health insurance to eligible children through two programs:

- Medicaid provides free insurance to children under age one with family incomes up to 185 percent of the federal poverty level and children ages one through 18 with family incomes up to 133 percent of the federal poverty level.
- NJ FamilyCare (formerly NJ KidCare), the state's CHIP program, provides insurance to children and adults in New Jersey. NJ FamilyCare provides insurance to children ages 18 and under with family incomes up to 350 percent of the federal poverty level who are not eligible for Medicaid. Monthly premiums and co-payments may be required, depending on family income.

State Policy for Enrolling Children from Kinship Care Families

In New Jersey, grandparents and other relative caregivers (kinship care families) may apply for Medicaid or NJ FamilyCare on behalf of the child they are raising. To apply for coverage on behalf of a related child, grandparents and other caregivers:

- do not need to have legal custody or guardianship of the child;
- will not have their income considered by the state in determining the child's eligibility for coverage (regardless of the caregiver's status as legal custodian or guardian). Only the

child's income (e.g., child support or social security death benefits) will be used to determine eligibility for health coverage;

- do not need to submit proof of the absent parents' income (or prove a lack of parental income);
- do not need to prove their blood relationship to the child or that they are the child's full-time caretakers;
- must have the child living in their home, and the child must intend to remain in the state at the time of application. The child, however, need not have resided in the caregiver's home or in the state for a certain period of time before becoming eligible for benefits.

Expanding Outreach to Kinship Care Families

Advocates at the Association for Children of New Jersey report that general outreach efforts for NJ FamilyCare are good. They also agree that the state engages in excellent outreach to relative caregivers. Grandparents and other relative caregivers may use The Kinship Navigator Program to help access health care. The Kinship Navigator Program is a state system designed to help grandparents, aunts, uncles, adult siblings, and other family members raising children to access a range of services. The Division of Family Development also sponsors grandparent support groups that inform group members about health coverage for children.

For more information about how to apply for Medicaid or NJ FamilyCare, relative caregivers in New Jersey should call 1-800-701-0710 or log on to http://www.njfamilycare.org.

NEW MEXICO

Health Insurance for Children in New Mexico

New Mexico offers free or low-cost health insurance to eligible children through one program:

- New MexiKids provides coverage to children under age 19 with family incomes up to 235 percent of the federal poverty level. Small co-payments for services are required for children with family incomes over 185 percent of the federal poverty level. No premiums are required.

State Policy for Enrolling Children from Kinship Care Families

In New Mexico, grandparents and other relative caregivers (kinship care families) may apply for New MexiKids on behalf of the child they are raising. To apply for coverage on behalf of a related child, grandparents and other caregivers:

- do not need to have legal custody or guardianship of the child;
- will not have their income considered by the state in determining the child's eligibility for coverage (regardless of the caregiver's status as legal custodian or guardian). Only the child's income (e.g., child support or social security benefits) will be used to determine eligibility for health coverage unless the child's parents also live with the caregiver and the child;
- do not need to submit proof of the parents' income (or prove a lack of parental income) unless the child's parents also live with the caregiver and the child;

- do not need to prove their blood relationship to the child or that they are the child's full-time caretakers;
- must have the child living in their home, and the child must intend to remain in the state at the time of application. The child, however, need not have resided in the caregiver's home or in the state for a certain period of time before becoming eligible for benefits.

Expanding Outreach to Kinship Care Families

Liz Martinez of the New Mexico Human Services Department's Medical Assistance Division reports that her office has partnered with the State Agency on Aging to train AARP volunteers and other seniors to educate the community about the availability of free or low-cost health insurance for children through New MexiKids. "One of our most successful ways of reaching seniors is through the health fairs that we have done across the state," says Martinez. "We have had a lot of inquiries about insurance for children from seniors at these events, especially from elders in the Native American community."

Many advocates argue that even more targeted outreach is needed to reach this specific population of kinship care families. Advocates agree that one of the largest remaining barriers is many caregivers remain unaware that they are eligible to apply on the child's behalf. This is especially true for grandparents who might have private insurance of their own. Carla Chavez, Project Director for New Mexico's Covering Kids, says that "grandparents may think 'if the private insurance I pay for won't cover the children then why would the state?' They need to know this public coverage is available."

Chavez also notes, "I would really like to see an effective media campaign that is specifically designed for grandparents raising their grandchildren, because I don't think that the current outreach materials and ads clearly include caregivers." Dolores Gabaldon, Assistant Director of La Vida Felicidad, Inc. in Las Lunas, suggests that every government and private agency with which the grandparent caregiver may have contact should know about New MexiKids. Then, says Gabaldon, caregivers could get information about health insurance for the children they are raising while they are accessing other types of services.

For more information about how to apply for New MexiKids, relative caregivers in New Mexico should call 1-888-997-2583 or log on to http://www.state.nm.us/hsd/mad/OtherDocs/NewMexikids.htm.

NEW YORK

Health Insurance for Children in New York

New York offers free or low-cost health insurance to eligible children through two programs:

- Child Health Plus A, the state's Medicaid program, provides free coverage to infants under age one with family incomes up to 200 percent of the federal poverty level, children ages one through five with family incomes up to 133 percent of the federal poverty level, and children ages six through 18 with family incomes up to 100 percent of the federal poverty level.
- Child Health Plus B, the state's CHIP program, provides coverage to uninsured children ages 18 and under with family incomes up to 250 percent of the federal poverty level who are not eligible for Medicaid. No co-payments are required under Child Health Plus, but premiums may be required depending on family income.

State Policy for Enrolling Children from Kinship Care Families

In New York, grandparents and other relative caregivers (kinship care families) may apply for Child Health Plus A (Medicaid) or Child Health Plus B on behalf of the child they are raising. To apply for coverage on behalf of a related child, grandparents and other caregivers:

- do not need to have legal custody or guardianship of the child;
- will not have their income considered by the state in determining the child's eligibility for coverage (regardless of the caregiver's status as legal custodian or guardian). Only the child's income (e.g., child support, social security death benefits, or a private trust) will be used to determine eligibility for health coverage unless the child's parents also live with the caregiver and the child;
- do not need to submit proof of the parents' income (or prove a lack of parental income) unless the child's parents also live with the caregiver and the child. The state will inquire as to why the child is not living with the parents;
- do not need to prove their blood relationship to the child or that they are the child's full-time caretakers;
- must have the child living in their home, and the child must intend to remain in the state at the time of application. The child, however, need not have resided in the caregiver's home or in the state for a certain period of time before becoming eligible for benefits.

Expanding Outreach to Kinship Care Families

Although advocates are encouraged by the state's recently expanded outreach efforts for Child Health Plus A and B, they still identify some barriers to enrolling children from kinship care families in both programs. Anne Erickson of the Greater Upstate Law Project, Inc. describes that "having to go to the welfare office to apply for health coverage is a major barrier to grandparents getting benefits for their kids. The office hours are a problem, there is a lack of encouragement to apply, and the tone of the workers is often negative." Erickson has hopes, however, that the recent state allotment of $10 million to engage community-based organizations in outreach for enrollment will help ease some of these barriers. The good news is that New York began the community-based system of enrollment called "facilitated enrollment" in June 2000. Thirty-three lead agencies representing broad coalitions were funded throughout the state to assist families in completing the application process. New York now has 223 facilitated enrollers in the community, eliminating the need for families to go to the local Medicaid office to enroll children in public health insurance programs.

Cheryl Hunter-Grant of the Children's Defense Fund's New York City office also identifies positive outreach activities. Recently, the Mayor of New York City made children's health insurance a priority by requiring 20 state agencies to examine how they can work together to facilitate enrollment. In addition, Hunter-Grant reports, "Communities are being mobilized to get the word out about health care. The Child Health Now! Coalition, organized by CDF, includes more than 200 agencies and organizations working together to ensure children get the health coverage they need."

For more information about how to apply for children's health programs, relative caregivers in New York should call 1-800-698-4KIDS (4543) or log on to http://www.health.state.ny.us/nysdoh/chplus/cplus-1.htm.

NORTH CAROLINA

Health Insurance for Children in North Carolina

North Carolina offers free or low-cost health insurance to eligible children through two programs:

- Health Check, North Carolina's Medicaid program, provides free coverage to children under age one with family incomes up to 185 percent of the federal poverty level, children ages one through five with family incomes up to 133 percent of the federal poverty level, and children ages six through 20 with family incomes up to 100 percent of the federal poverty level.
- N.C. Health Choice for Children (Health Choice), the state's CHIP program, provides health insurance to children ages 18 and under with family incomes up to 200 percent of the federal poverty level who are not eligible for Medicaid. Enrollment fees and co-payments are required for children with family incomes over 150 percent of the federal poverty level.

State Policy for Enrolling Children from Kinship Care Families

In North Carolina, grandparents and other relative caregivers (kinship care families) may apply for Health Check or Health Choice on behalf of the child they are raising. To apply for coverage on behalf of a related child, grandparents and other caregivers:

- do not need to have legal custody or guardianship of the child;
- will not have their income considered by the state in determining the child's eligibility for coverage (regardless of the caregiver's status as legal custodian or guardian). Only the child's income (e.g., child support, social security death benefits, or a private trust) will be used to determine eligibility for health coverage unless the child's parents also live with the caregiver and the child;
- do not need to submit proof of the parents' income (or prove a lack of parental income) unless the child's parents also live with the caregiver and the child;
- do not need to prove their blood relationship to the child or that they are the child's full-time caretakers;
- must have the child living in their home, and the child must intend to remain in the state at the time of application. The child, however, need not have resided in the caregiver's home or in the state for a certain period of time before becoming eligible for benefits.

Expanding Outreach to Kinship Care Families

North Carolina advocates note that the success of the state's outreach campaign has been based on grassroots efforts. Many counties have distributed information through senior centers to reach grandparents and other relative caregivers. Tom Vitaglione, Senior Fellow in Health with the North Carolina Child Advocacy Institute, suggests a stronger partnership with the state's Division on Aging, since the Division includes general information on Health Check and Health Choice in mailings that go to seniors.

For more information about how to apply for Health Check or N.C. Health Choice for Children, relative caregivers in North Carolina should call 1-800-367-2229 or log on to http://www.dhhs.state.nc.us/dma/cpcont.htm.

NORTH DAKOTA

Health Insurance for Children in North Dakota

North Dakota offers free or low-cost health insurance to eligible children through two programs:

- Medicaid provides free coverage to children ages five and under with family incomes up to 133 percent of the federal poverty level and children ages six through 18 with family incomes up to 100 percent of the federal poverty level.
- Healthy Steps, North Dakota's CHIP program, provides coverage for children ages 18 and under with family incomes up to 140 percent of the federal poverty level who are not eligible for Medicaid. Healthy Steps does not require premiums, but requires co-payments for certain services (such as prescriptions, emergency room visits, and hospital stays).

State Policy for Enrolling Children from Kinship Care Families

In North Dakota, grandparents and other relative caregivers (kinship care families) may apply for Medicaid or Healthy Steps on behalf of the child they are raising. To apply for coverage on behalf of a related child, grandparents and other caregivers:

- do not need to have legal custody or guardianship of the child;
- will not have their income considered by the state in determining the child's eligibility for Medicaid or Healthy Steps (regardless of the caregiver's status as legal custodian or guardian). Only the child's income (e.g., child support, social security death benefits, or a private trust) will be used to determine eligibility for health coverage unless the child's parents also live with the caregiver and the child;
- do not need to submit proof of the parents' income (or prove a lack of parental income) unless the child's parents live with the caretaker and the child;
- do not need to prove their blood relationship to the child or that they are the child's full-time caretakers;
- must have the child living in their home, and the child must intend to remain in the state at the time of application. The child, however, need not have resided in the caregiver's home or in the state for a certain period of time before becoming eligible for benefits.

Expanding Outreach to Kinship Care Families

State advocates generally report that North Dakota does a good job in reaching all children, especially populations living in rural communities and on Native American reservations. According to Jenny Witham, Director of the Community Healthcare Association, "The state does outreach on all the Tribal reservations. North Dakota has a Healthy Steps brochure designed to address the specific needs of the Native American population. This is an important form of outreach because grandparents, as in many cultures, play a critical role in the Native American culture and can help get needed health coverage for a lot of children." Witham reports that this is especially important because "there is a significant barrier to obtaining health coverage on the reservations due to the complexities surrounding the Indian Health Service."

Brenda Martell, a reservation outreach worker for the prenatal health program Healthy Start, agrees, "People might feel they do not need a health insurance program because they see the Indian Health Service as an insurance program, which it is not. The outreach we are doing is important to educate relative caregivers about the benefits of getting eligible children into Healthy Steps."

For more information about how to apply for health coverage in North Dakota, relative caregivers should call 1-800-755-2604 or log on to http://www.state.nd.us/childrenshealth.

OHIO

Health Insurance for Children in Ohio

Ohio offers free or low-cost health insurance to eligible children through one program:

- Healthy Start, a Medicaid expansion program, provides coverage to children ages 18 and under with family incomes up to 200 percent of the federal poverty level.

State Policy for Enrolling Children from Kinship Care Families

In Ohio, grandparents and other relative caregivers (kinship care families) may apply for Healthy Start on behalf of the child they are raising. To apply for coverage on behalf of a related child, grandparents and other caregivers:

- do not need to have legal custody or guardianship of the child;
- will not have their income considered by the state in determining the child's eligibility for coverage (regardless of the caregiver's status as legal custodian or guardian). Only the child's income (e.g., child support, social security death benefits, or a private trust) will be used to determine eligibility for health coverage unless the child's parents also live with the caregiver and the child;
- do not need to submit proof of the parents' income (or prove a lack of parental income) unless the child's parents also live with the caregiver and the child;
- do not need to prove their blood relationship to the child or that they are the child's full-time caretakers;
- must have the child living in their home, and the child must intend to remain in the state at the time of application. The child, however, need not have resided in the caregiver's home or in the state for a certain period of time before becoming eligible for benefits.

Expanding Outreach to Kinship Care Families

Ohio has engaged in several outreach efforts directed specifically at kinship care families, notes Lisa Coss, Senior Project Manager for the Ohio Department of Job and Family Services. The Department has co-sponsored several events with the Ohio Department of Aging to educate caregivers about the availability of health coverage for the children they are raising. In addition, Ohio is one of the few states that publishes a brochure specifically encouraging relative caregivers to enroll their children in the Healthy Start Program.

Advocates in Ohio generally agree that the state has made real progress in educating the general public about the availability of the Healthy Start Program and reaching kinship care families with more targeted outreach. "Ohio provides funding to individual counties to provide targeted outreach," says Mary Wachtel of the Children's Defense Fund's Ohio office. "There are some 70 different outreach initiatives across the state." Despite such efforts, says Wachtel, "many caregivers are still not aware that they can apply on behalf of the children they are raising."

For more information about the Healthy Start Program, relative caregivers in Ohio should call 1-800-324-8680 or log on to http://www.state.oh.us/odjfs/ohp/hcps/hshf/index.stm.

OKLAHOMA

Health Insurance for Children in Oklahoma

Oklahoma offers free or low-cost health insurance to eligible children through one program:

- SoonerCare, the state's expanded Medicaid program, provides free coverage to children ages 17 and under with family incomes up to 185 percent of the federal poverty level (under certain circumstances, 18-year-olds may also receive SoonerCare). Oklahoma may provide coverage to children with family incomes over 185 percent of the federal poverty level on a case-by-case basis. No premiums are required.

State Policy for Enrolling Children from Kinship Care Families

In Oklahoma, grandparents and other relative caregivers (kinship caregivers) may apply for SoonerCare on behalf of the child they are raising. To apply for coverage on behalf of a related child, grandparents and other caregivers:

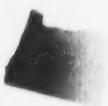
- do not need to have legal custody or guardianship of the child;
- will not have their income considered by the state in determining the child's eligibility for coverage (regardless of the caregiver's status as legal custodian or guardian). Only the child's income (e.g., child support, social security death benefits, or a private trust) will be used to determine eligibility for health coverage unless the child's parents also live with the caregiver and the child;
- do not need to submit proof of the parents' income (or prove a lack of parental income) unless the child's parents also live with the caregiver and the child, or the social worker finds further verification of the parent's income is necessary;
- do not need to prove their blood relationship to the child or that they are the child's full-time caretakers;
- must have the child living in their home, and the child must intend to remain in the state at the time of application. The child, however, need not have resided in the caregiver's home or in the state for a certain period of time before becoming eligible for benefits.

Expanding Outreach to Kinship Care Families

Oklahoma advocates generally report that they are not aware of significant barriers that keep eligible children being raised by caregivers from obtaining health coverage under this program. Kelli McNeal, Project Assistant with Covering Kids, notes that SoonerCare outreach workers have begun to receive training about the importance of reaching grandparents and other relative caregivers through the Aging Services Division of the Department of Human Services.

McNeal says that the Aging Services Division also publishes a comprehensive resource guide designed for grandparents raising children. "While it contains a great deal of information," she says, "it includes no direct information about SoonerCare. It should describe it and include the number for grandparents to call for more information about the program."

For more information about how to apply for SoonerCare, relative caregivers in Oklahoma should call 1-800-987-7767 or log on to http://www.ohca.state.ok.us.



OREGON

Health Insurance for Children in Oregon

Oregon offers free or low-cost health insurance to eligible children through two primary programs:

- The Medicaid component of the Oregon Health Plan provides free coverage to children under age one with family incomes up to 170 percent of the federal poverty level, children ages one through five with family incomes up to 133 percent of the federal poverty level, and children ages six through 18 with family incomes up to 100 percent of the federal poverty level.
- The Children's Health Insurance Program (CHIP) provides coverage to children ages 18 and under with family incomes up to 170 percent of the federal poverty level who are not eligible for Medicaid. No premiums or co-payments are required for children.

State Policy for Enrolling Children from Kinship Care Families

In Oregon, grandparents and other relative caregivers (kinship care families) may apply for Medicaid or CHIP on behalf of the child they are raising. To apply for coverage on behalf of a related child under either program, grandparents and other caregivers:

- do not need to have legal custody or guardianship of the child;
- will not have their income considered by the state in determining the child's eligibility for coverage (regardless of the caregiver's status as legal custodian or guardian). Only the child's income (e.g., child support, social security death benefits, or a private trust) will be used to determine eligibility for health coverage unless the child's parents also live with the caregiver and the child;
- will be asked to submit information about the child's parents (e.g., their names, addresses, and employer information) even if the child's parents do not live with the caregiver and the child;

- must prove their blood relationship to the child. The blood relationship can be established through the child's birth certificate or other verification from the vital statistics department. If the birth certificate or similar documentation is not available, caseworkers have significant latitude in establishing additional ways to prove a blood relationship on a case-by-case basis;
- must prove that they are the child's full-time caretakers. The full-time caretaker status can be established by submitting a written, signed statement that they are the child's full-time caretakers, as well as the name of a person who can verify that they are the child's full-time caretakers (e.g., a neighbor or a health care provider);
- must have the child living in their home, and the child must intend to remain in the state at the time of application. The child, however, need not have resided in the caregiver's home or in the state for a certain period of time before becoming eligible for benefits.

Expanding Outreach to Kinship Care Families

Although relative caregivers can apply for health coverage on behalf of the children they are raising, Oregon advocates have reported barriers to accessing the coverage provided under Oregon's policy for relative caregivers. Lorey Freeman of the Oregon Law Center explains that "the requirement that relatives must prove their blood relationship to the child is a significant problem," especially for paternal relatives. Freeman and Ellen Gradison, her colleague at the Oregon Law Center, state that Oregon's outreach efforts are not working well and entire populations are being missed. Gradison adds that "even if caregivers can get health coverage for the children, there may be no providers to provide care under these programs."

For more information about the Oregon Health Plan and how to apply for Medicaid and CHIP, relative caregivers in Oregon should call 1-800-359-9517 or log on to http://www.omap.hr.state.or.us.

PENNSYLVANIA

Health Insurance for Children in Pennsylvania

Pennsylvania offers free or low-cost health insurance to eligible children through two programs:

- Medicaid provides free coverage to children under age one with family incomes up to 185 percent of the federal poverty level, children ages one through five with family incomes up to 133 percent of the federal poverty level, children ages six through 16 (and 17-year-olds born on or after October 1, 1983) with family incomes up to 100 percent of the federal poverty level, and children ages 17 through 21 born before October 1, 1983 with family incomes up to 47 percent of the federal poverty level.
- Pennsylvania's CHIP program provides coverage to children ages 18 and under with family incomes up to 235 percent of the federal poverty level who are not eligible for Medicaid. A premium is required for children with family incomes between 200 percent and 235 percent of the federal poverty level. Co-payments are not required.

State Policy for Enrolling Children from Kinship Care Families

In Pennsylvania, grandparents and other relative caregivers (kinship care families) may apply for Medicaid or CHIP on behalf of the child they are raising. To apply for coverage on behalf of a related child under either program, grandparents and other caregivers:

- do not need to have legal custody or guardianship of the child;
- will not have their income considered in determining the child's eligibility for Medicaid coverage (regardless of the caregiver's status as legal custodian or guardian). Only the child's income (e.g., child support, social security death benefits, or a private trust) will be used to determine eligibility for health coverage unless the child's parents also live with the caregiver and the child;
- will have their income considered in determining the child's eligibility for CHIP coverage if they are the child's legal guardians or if they choose to have their income considered. If their income is not considered, only the child's income will be used to determine eligibility for health coverage unless the child's parents also live with the caregiver and the child;
- do not need to submit proof of the parents' income (or prove a lack of parental income) unless the child's parents also live with the caregiver and the child;
- do not need to prove their blood relationship to the child or that they are the child's full-time caretakers;
- must have the child living in their home, and the child must intend to remain in the state at the time of application. For Medicaid, the child need not have resided in the caregiver's home or in the state for a certain period of time before becoming eligible for benefits. To be eligible for coverage under CHIP, the child must have lived in the state for 30 days. Because the application generally takes 30 to 45 days to be processed, this residency requirement rarely presents a barrier to enrollment.

Expanding Outreach to Kinship Care Families

Despite promising state policies for children being raised by relative caregivers, some Pennsylvania advocates are still concerned about caseworkers incorrectly counting or "deeming" a caregiver's income in determining a child's eligibility for Medicaid and CHIP. However, advocates are seeing an increase in targeted outreach toward kinship care families. Pat Redmond, Director of Health Policy for the Philadelphia Citizens for Children and Youth, explains that "community groups have been very active in educating caregivers to apply for health coverage on behalf of the children they are raising." Ann Bacharach, the Covering Kids Project Director at Pennsylvania Partnerships for Children, adds that several of the Covering Kids pilot sites, including one Philadelphia site in particular, have targeted specific outreach efforts towards kinship care families.

For more information about enrollment in Medicaid or the Pennsylvania Children's Health Insurance Program, relative caregivers in Pennsylvania should call 1-800-986-KIDS (5437) or log on to http://www.insurance.state.pa.us/html/chip.html for information about CHIP or log on to http://www.dpw.state.pa.us/oim/dpwoim.asp for information about Medicaid.

RHODE ISLAND

Health Insurance for Children in Rhode Island

Rhode Island offers free or low-cost health insurance to eligible children through one program:

- RIte Care, a Medicaid expansion program, provides coverage to children ages 18 and under with family incomes up to 250 percent of the federal poverty level. Premiums or co-payments are required for children with family incomes over 185 percent of the federal poverty level.

State Policy for Enrolling Children from Kinship Care Families

In Rhode Island, grandparents and other relative caregivers (kinship care families) may apply for RIte Care on behalf of the child they are raising. To apply for coverage on behalf of a related child, grandparents and other caregivers:

- do not need to have legal custody or guardianship of the child;
- will not have their income considered by the state in determining the child's eligibility for coverage (regardless of the caregiver's status as legal custodian or guardian). Only the child's income (e.g., child support, social security death benefits, or a private trust) will be used to determine eligibility for health coverage unless the child's parents also live with the caregiver and the child;
- do not need to submit proof of the parents' income (or prove a lack of parental income) unless the child's parents also live with the caregiver and the child;
- do not need to prove their blood relationship to the child or that they are the child's full-time caretakers;
- must have the child living in their home, and the child must intend to remain in the state at the time of application. The child, however, need not have resided in the caregiver's home or in the state for a certain period of time before becoming eligible for benefits.

Expanding Outreach to Kinship Care Families

Rhode Island advocates report the need for additional outreach to educate relative caregivers that their children might be eligible for RIte Care. Elizabeth Burke Bryant of Rhode Island Kids Count says the state should develop plans to provide program information strategically to grandparents and other relative caregivers. Linda Katz, Health Policy Director of the Rhode Island Health Center Association, believes that it would also be helpful for staff in the Department of Youth, Children, and Families, who may come into contact with relative caregivers, to receive more training on this issue.

For more information about applying for RIte Care, relative caregivers in Rhode Island should call 1-800-346-1004 or log on to http://www.dhs.state.ri.us/dhs/famchild/mrtcare.htm.

SOUTH CAROLINA

Health Insurance for Children in South Carolina

South Carolina offers free health insurance to eligible children through one program:

- Partners for Healthy Children, a Medicaid expansion program, currently provides coverage to children ages 18 and under with family incomes up to 150 percent of the federal poverty level. No premiums or co-payments are required.

State Policy for Enrolling Children from Kinship Care Families

In South Carolina, grandparents and other relative caregivers (kinship care families) may apply for Partners for Healthy Children on behalf of the child they are raising. To apply for coverage on behalf of a related child, grandparents and other caregivers:

- do not need to have legal custody or guardianship of the child;
- will not have their income considered by the state in determining the child's eligibility for coverage (regardless of the caregiver's status as legal custodian or guardian). Only the child's income (e.g., child support, social security death benefits, or a private trust) will be used to determine eligibility for health coverage unless the child's parents also live with the caregiver and the child;
- do not need to submit proof of the parents' income (or prove a lack of parental income) unless the child's parents also live with the caregiver and the child;
- do not need to prove their blood relationship to the child or that they are the child's full-time caretakers;
- must have the child living in their home, and the child must intend to remain in the state at the time of application. The child, however, need not have resided in the caregiver's home or in the state for a certain period of time before becoming eligible for benefits.

Expanding Outreach to Kinship Care Families

South Carolina advocates recognize that the Partners for Healthy Children program's policy toward relative caregivers is quite flexible and open. However, Ian Hamilton, Program Associate with the Alliance for South Carolina's Children, notes the difficulties in obtaining coverage created by the involvement of multiple state agencies in the application process. "[The delivery of Medicaid services] is administered through the Department of Health and Human Services, but eligibility is administered through the Department of Social Services. It is confusing to have to deal with two separate agencies at different points in the [Medicaid] process." Barbara Pitts, Outreach Director for Partners for Healthy Children, explains that "while two agencies are involved in the administration of Medicaid, only one would determine eligibility. Potential clients can mail in the application to DHHS or apply through their local DSS office. We also provide a toll-free number caregivers can call with any questions."

Tambra Medley, Director of South Carolina Covering Kids, says that another barrier to enrollment is "the stigma associated with Medicaid. Partners for Healthy Children is an expanded Medicaid program, and grandparents associate Medicaid with welfare and they don't want to receive welfare." While Hamilton

and Medley are aware of the state outreach program that sends information about and applications for Partners for Healthy Children to all school children in the state, they recommend that more targeted outreach could better address the needs of kinship care families.

For more information about South Carolina's Partners for Healthy Children, relative caregivers should call 1-888-549-0820 or log on to http://www.dhhs.state.sc.us/DHHS_Programs/DHHS_programsindex.html.

SOUTH DAKOTA

Health Insurance for Children in South Dakota

South Dakota provides free health insurance to eligible children through one program:

- The Children's Health Insurance Program (CHIP), which includes the state's Medicaid expansion program as well as a state-designed program, provides free coverage to children ages 18 and under with family incomes up to 200 percent of the federal poverty level.

State Policy for Enrolling Children from Kinship Care Families

In South Dakota, grandparents and other relative caregivers (kinship care families) may apply for CHIP on behalf of a child they are raising. To apply for coverage on behalf of a related child, grandparents and other relative caregivers:

- do not need to have legal custody or guardianship of the child;
- will not have their income considered by the state in determining the child's eligibility for coverage (regardless of the caregiver's status as legal custodian or guardian). Only the child's income (e.g., child support, social security death benefits, or a private trust) will be used to determine eligibility for health coverage unless the child's parents also live with the caregiver and the child;
- do not need to submit proof of the parents' income (or prove a lack of parental income) unless the child's parents also live with the caregiver and the child;
- do not need to prove their blood relationship to the child or that they are the child's full-time caretakers;
- must have the child living in their home, and the child must intend to remain in the state at the time of application. The child, however, need not have resided in the caregiver's home or in the state for a certain period of time before becoming eligible for benefits.

Expanding Outreach to Kinship Care Families

State advocates report that outreach to kinship care families is particularly important in South Dakota, especially in the Native American communities where multi-generational families are common. Mina Hall, Executive Director of the South Dakota Nurses Association and chair of the South Dakota Covering Kids Initiative, says that Covering Kids is working on two pilot programs designed to educate Native American communities about the availability of health coverage and to link people with services in non-traditional ways. "We see a lot of grandparents raising grandchildren in both urban and frontier areas," Hall says.

Susan Randall, Executive Director of the South Dakota Coalition for Children, says that despite considerable outreach efforts, there are still a fair number of parents and grandparents who have not obtained health coverage for their children.

For more information about applying for CHIP, relative caregivers in South Dakota should call 605-773-4678 or 1-800-305-3064 or log on to http://www.state.sd.us/social/medical/chip.

TENNESSEE

Health Insurance for Children in Tennessee

Tennessee's TennCare program offers free or low-cost health insurance to eligible children through two programs:

- Medicaid provides free coverage to children under age one with family incomes up to 185 percent of the federal poverty level, children ages one through five with family incomes up to 133 percent of the federal poverty level, and children ages six through 18 with family incomes up to 100 percent of the federal poverty level.
- TennCare's Medicaid expansion program provides free or low-cost coverage to children ages 18 and under with family incomes up to 200 percent of the federal poverty level who are not eligible for Medicaid. Monthly premiums and co-payments for services are required when the family income is over 100 percent of the federal poverty level.

State Policy for Enrolling Children from Kinship Care Families

In Tennessee, grandparents and other relative caregivers (kinship care families) may apply for Medicaid or TennCare on behalf of a child they are raising. To apply for coverage on behalf of a related child, grandparents and other relative caregivers:

- do not need to have legal custody or guardianship of the child for coverage under either Medicaid or TennCare;
- will not have their income considered by the state in determining the child's eligibility for coverage under Medicaid or TennCare (regardless of the caregiver's status as legal custodian or guardian). Only the child's income (e.g., child support, social security death benefits, or a private trust) will be used to determine eligibility for health coverage unless the child's parents also live with the caregiver and the child;
- do not need to submit proof of the parents' income (or prove a lack of parental income) for Medicaid or TennCare unless the child's parents also live with the caregiver and the child;
- do not need to prove their blood relationship to the child for Medicaid or TennCare;
- must prove that they are the child's full-time caretakers to be eligible for Medicaid, but not for TennCare. Acceptable proof includes the child's birth certificate, medical records, school records, or other documents that bear the child's address;

- must have the child living in their home, and the child must intend to remain in the state at the time of application for Medicaid or TennCare. The child, however, need not have resided in the caregiver's home or in the state for a certain period of time before becoming eligible for benefits.

Expanding Outreach to Kinship Care Families

The state has done an enormous amount of outreach to all uninsured children, says Kasi Tiller, Assistant Director of Policy and Planning for the Bureau of TennCare, and adds that the state will look further into the issue of targeted outreach for kinship care families. The state is trying to ensure that caregivers are informed as to what benefits are available, especially in hard-to-reach areas. Elizabeth Black, Kinship Care Program Coordinator in the Tennessee Department of Children's Services, found that when the state held meetings for grandparent caregivers in rural areas, relatives were not widely aware that they could apply for health coverage on behalf of the children in their care. "The state is working to educate grandparents and other relative caregivers about the services available to them and the children they are raising," Black says.

Lisa Howser, HRSA Program Coordinator for Tennessee Voices for Children, runs a support group for grandparents raising children with mental health problems. "We get a lot of calls from caregivers who are having problems accessing mental health services for their grandchildren." Mary Ann Calahan, Director of Medicaid Policy at the Tennessee Department of Human Services, identified the stigma of receiving aid from the state as the most significant barrier to older caregivers enrolling their grandchildren in TennCare. Advocates also stress the need for coordination between different state agencies. For example, when grandparents or other relative caregivers apply for Temporary Assistance for Needy Families (TANF) benefits, "it is the perfect time for someone to facilitate their enrollment for TennCare" says Susan Brooks, Associate Professor at Vanderbilt Law School and Director of the school's Juvenile Practice Clinic. "Unfortunately, that does not always happen."

For more information about TennCare, relative caregivers in Tennessee should call 1-800-669-1851 or log on to http://www.state.tn.us/tenncare/.

TEXAS

Health Insurance for Children in Texas

Texas offers free or low-cost health insurance to eligible children through two programs:

- Medicaid provides free coverage to children under age one with family incomes up to 185 percent of the federal poverty level, children ages one through five with family incomes up to 133 percent of the federal poverty level, and children ages six through 18 with family incomes up to 100 percent of the federal poverty level.
- The Texas Children's Health Insurance Program (CHIP) provides coverage to children ages 18 and under with family incomes up to 200 percent of the federal poverty level who are not eligible for Medicaid. Annual premiums and co-payments may be required, depending on the family's income.

State Policy for Enrolling Children from Kinship Care Families

In Texas, grandparents and other relative caregivers (kinship care families) may apply for Medicaid and CHIP through the TexCare Partnership on behalf of a child they are raising. To apply for coverage on behalf of a related child, grandparents and other relative caregivers:

- do not need to have legal custody or guardianship of the child;
- will not have their income considered by the state in determining the child's eligibility for coverage (regardless of the caregiver's status as legal custodian or guardian). Only the child's income (e.g., child support, social security death benefits, or a private trust) will be used to determine eligibility for health coverage unless the child's parents also live with the caregiver and the child;
- do not need to submit proof of the parents' income (or prove a lack of parental income) unless the child's parents also live with the caregiver and the child;
- do not need to prove their blood relationship to the child or that they are the child's full-time caretakers;
- must have the child living in their home, and the child must intend to remain in the state at the time of application. The child, however, need not have resided in the caregiver's home or in the state for a certain period of time before becoming eligible for benefits.

Expanding Outreach to Kinship Care Families

Anne Dunkelberg, Senior Policy Analyst for the Center for Public Policy Priorities, reports that "Texas is not specially targeting grandparent caregivers in their outreach efforts at all right now." Other advocates suggest a need to improve the Medicaid application process by incorporating the best features of the CHIP application. Bryan Sperry, President of the Children's Hospital Association of Texas, says, "Medicaid should streamline its eligibility process and update its antiquated computer system." Barbara Best, Child Health Outreach Coordinator at the Children's Defense Fund's Texas office, suggests that "if Medicaid were to adopt the same simple, one-page, mail-in application as CHIP, then grandparents would find it much easier to obtain health insurance for their children."

For more information about how to apply for Medicaid and Texas CHIP, relative caregivers in Texas should call 1-800-647-6558 or log on to http://www.texcarepartnership.com.

UTAH

Health Insurance for Children in Utah

Utah offers free or low-cost health insurance to eligible children through two programs:

- Medicaid provides free coverage to children ages five and under with family incomes up to 133 percent of the federal poverty level and children ages six through 18 with family incomes up to 100 percent of the federal poverty level.

- The Utah Children's Health Insurance Program (CHIP) provides coverage to children ages 18 and under with family incomes up to 200 percent of the federal poverty level who are not eligible for Medicaid. Co-payments are required for some services and may not exceed a maximum amount. There are no premiums required.

State Policy for Enrolling Children from Kinship Care Families

In Utah, grandparents and other relative caregivers (kinship care families) may apply for Medicaid and CHIP on behalf of a child they are raising. To apply for coverage on behalf of a related child, grandparents and other relative caregivers:

- do not need to have legal custody or guardianship of the child;
- will not have their income or assets considered by the state in determining the child's eligibility for coverage (regardless of the caregiver's status as legal custodian or guardian). Only the child's income (e.g., child support, social security death benefits, or a private trust) and any assets of a child age six or older will be used to determine eligibility for health coverage unless the child's parents also live with the caregiver and the child;
- do not need to submit proof of the parents' income (or prove a lack of parental income) unless the child's parents also live with the caregiver and the child;
- do not need to prove their blood relationship to the child or that they are the child's full-time caretakers;
- must have the child living in their home, and the child must intend to remain in the state at the time of application. The child, however, need not have resided in the caregiver's home or in the state for a certain period of time before becoming eligible for benefits.

Expanding Outreach to Kinship Care Families

Utah's Department of Health is conducting outreach efforts specifically targeted towards relative caregivers. Chris Chytraus, an advocacy specialist with Utah Children, reports that "the state is currently running an effective television and radio ad that features a grandparent talking about applying for the CHIP program on behalf of the children he is raising." Nano Podolsky of the Salt Lake City School District also identifies the CHIP public service announcements featuring a grandparent caregiver as an effective strategy to educate relative caregivers about their ability to apply for health coverage for children. Podolsky suggests that in order to inform more of the relative caregiver population, "the issue should be discussed on daytime talk shows, in churches, and on the radio." Podolsky also suggests a national campaign to highlight the availability of CHIP and Medicaid for children in kinship care families to complement the state's efforts.

For more information about CHIP or Medicaid, relative caregivers in Utah should call 1-800-662-9651 (Medicaid) or 1-888-222-2542 (CHIP). Relative caregivers may also log on to http://www.health.state.ut.us/.

VERMONT

Health Care for Children in Vermont

Vermont offers free or low-cost health insurance to eligible children through one program:

- The Dr. Dynasaur program, which includes both the state's Medicaid and CHIP programs, provides coverage to children under age 18 with family incomes up to 300 percent of the federal poverty level. Currently, children with family incomes over 185 percent of the federal poverty level must pay a program fee, depending on the family's income.

State Policy for Enrolling Children from Kinship Care Families

In Vermont, grandparents and other relative caregivers (kinship care families) may apply for Dr. Dynasaur on behalf of a child they are raising. To apply for coverage on behalf of a related child, grandparents and other relative caregivers:

- do not need to have legal custody or guardianship of the child;
- will not have their income considered by the state in determining the child's eligibility for coverage (regardless of the caregiver's status as legal custodian or guardian). Only the child's income (e.g., child support, social security death benefits, or a private trust) will be used to determine eligibility for health coverage unless the child's parents also live with the caregiver and the child;
- do not need to submit proof of the parents' income (or prove a lack of parental income) unless the child's parents also live with the caregiver and the child;
- do not need to prove their blood relationship to the child or that they are the child's full-time caretakers;
- must have the child living in their home, and the child must intend to remain in the state at the time of application. The child, however, need not have resided in the caregiver's home or in the state for a certain period of time before becoming eligible for benefits.

Expanding Outreach to Kinship Care Families

Marybeth McCaffrey, Health Care Policy Analyst at the Vermont Agency of Human Services, reports that over 96 percent of the eligible children in Vermont are enrolled in Dr. Dynasaur. The agency credits the success of the program to public service announcements and outreach efforts such as sending information about health insurance home with children from school. "Pediatricians and hospitals in Vermont have also been very active in outreach," adds Hilde Hyde, Family Support and Health Care Financing Consultant for Parent to Parent.

For more information on how to apply for Dr. Dynasaur, relative caregivers in Vermont should call 1-800-250-8427 or log on to http://www.state.vt.us/health/_cph/epsdt/dynasaur.htm.

VIRGINIA

Health Insurance for Children in Virginia

Virginia offers free health insurance for eligible children through two programs:

- Medicaid provides free coverage to children ages five and under with family incomes up to 133 percent of the poverty level and children ages six through 18 with family incomes up to 100 percent of the poverty level.
- The Children's Medical Security Insurance Plan (CMSIP), the state's CHIP program, provides coverage to children ages 18 and under with family incomes up to 185 percent of the federal poverty level who are not eligible for Medicaid. No premiums or co-payments are required. (CMSIP is in the process of becoming the Family Access to Medical Insurance Security Plan (FAMIS), but at the time of publication the transition had not been completed. However, CMSIP is already referred to within the state as CMSIP/FAMIS in anticipation of the changeover.)

State Policy for Enrolling Children from Kinship Care Families

In Virginia, grandparents and other relative caregivers (kinship care families) may apply for Medicaid or CMSIP on behalf of a child they are raising. To apply for coverage on behalf of a related child, grandparents and other relative caregivers:

- must have legal custody or guardianship of the child unless, pursuant to a recent policy change, the child's parents have signed a form designating a grandparent or other relative without legal custody or guardianship to apply for Medicaid or CMSIP on the child's behalf; for Medicaid, it is also sufficient if the caregiver can verify that a legal custody or guardianship proceeding is already underway in court;
- will not have their income considered by the state in determining the child's eligibility for coverage. Only the child's income (e.g., child support, social security death benefits, or a private trust) will be used to determine eligibility for health coverage unless the child's parents also live with the caregiver and the child;
- do not need to submit proof of the parents' income (or prove a lack of parental income) unless the child's parents also live with the caregiver and the child;
- do not need to prove their blood relationship or that they are the child's full-time caretakers;
- must have the child living in their home, and the child must intend to remain in the state at the time of application. The child, however, need not have resided in the caregiver's home or in the state for a certain period of time before becoming eligible for benefits.

Expanding Outreach to Kinship Care Families

Advocates express widespread concern over Virginia's requirement that caregivers must have legal custody or guardianship or agree to pursue legal custody or guardianship of the children they are raising in order to apply for health coverage for them, even with the new change that allows a parent to give permission for a relative caregiver to apply. Particularly worrisome, say advocates, is the fact that a caregiver who

chooses not to go to court and tries to do the responsible thing by applying for health coverage for the child, might face a referral to the child protective services (CPS) agency. Although the state may see the referral as a way to assist the grandparent in obtaining legal custody or guardianship, many grandparents may be frightened by the thought that they may lose their children to CPS. "This requirement is a real problem," says Jill Hanken, Staff Attorney with the Virginia Poverty Law Center. "Grandparents who have been raising their grandchildren for years can't even get an application filed."

Legislation has been recently introduced in the Virginia General Assembly that would allow caretaker relatives without legal guardianship to apply for Medicaid and CMSIP on behalf of a child who had been residing with them for the past 90 days. At the time of publication, these proposals were still pending.

For more information about how to apply for Medicaid, relative caregivers in Virginia should call their local Virginia Department of Social Services. For more information about CMSIP, call 1-877-VA-CMSIP (822-6747) or log on to http://www.cns.state.va.us/dmas/child_health/child_health.htm.

WASHINGTON

Health Insurance for Children in Washington

Washington offers free or low-cost health insurance to eligible children through three programs:

- Healthy Options, the state's Medicaid program, provides free coverage to children ages 18 and under with family incomes up to 200 percent of the federal poverty level.
- The Children's Health Insurance Program (CHIP) provides coverage to children ages 18 and under with family incomes up to 250 percent of the federal poverty level and who are not eligible for Medicaid. Monthly premiums and co-payments are required.
- The state-funded Children's Medical Program provides coverage to children ages 17 and under with family incomes up to 100 percent of the federal poverty level who do not meet the citizenship requirements of Medicaid or CHIP.

State Policy for Enrolling Children from Kinship Care Families

In Washington, grandparents and other relative caregivers (kinship care families) may apply for Medicaid, CHIP, or the Children's Medical Program on behalf of a child they are raising. To apply for coverage on behalf of a related child, grandparents and other relative caregivers:

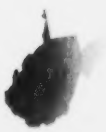
- do not need to have legal custody or guardianship of the child;
- will not have their income considered by the state in determining the child's eligibility for coverage (regardless of the caregiver's status as legal custodian or guardian). Only the child's income (e.g., child support, social security death benefits, or a private trust) will be used to determine eligibility for health coverage unless the child's parents also live with the caregiver and the child;
- do not need to submit proof of the parents' income (or prove a lack of parental income) unless the child's parents also live with the caregiver and the child;

- do not need to prove their blood relationship to the child or that they are the child's full-time caretakers;
- must have the child living in their home, and the child must intend to remain in the state at the time of application. The child, however, need not have resided in the caregiver's home or in the state for a certain period of time before becoming eligible for benefits.

Expanding Outreach to Kinship Care Families

A number of outreach efforts for Washington's health insurance programs are underway in the state, but none specifically target grandparents and other relative caregivers. Advocate Peter Berliner, Executive Director of the Children's Alliance of Washington, reports that "there is an outreach campaign going on in the school districts to capture children receiving free and reduced lunches because these kids are almost always eligible for health coverage under Medicaid." Berliner identifies a public education campaign called Healthy Kids 2000 and a "Parent Power" Web site designed by the Children's Alliance of Washington (www.washingtonparentpower.org) as good outreach tools. However, because outreach efforts are not specifically directed at kinship care families, Judy Maginnis, Program Manager for the Department of Social and Health Services, reports that many grandparents are still not aware that they are able to apply for health insurance on behalf of the children they are raising.

For more information about Medicaid, CHIP, and the Children's Medical Program, relative caregivers in Washington should call 1-877-KIDS-NOW (543-7669) or log on to http://www.hipspokane.org/hkn/index.htm.



WEST VIRGINIA

Health Insurance for Children in West Virginia

West Virginia offers free or low-cost health insurance to eligible children through two programs:

- Medicaid provides free coverage to children under age one with family incomes up to 150 percent of the federal poverty level, children ages one through five with family incomes up to 133 percent of the federal poverty level, and children ages six through 18 with family incomes up to 100 percent of the federal poverty level.
- The state's Children's Health Insurance Program (WV CHIP) provides coverage to children ages 18 and under with family incomes up to 200 percent of the federal poverty level who are not eligible for Medicaid. Co-payments may be required when the family income is over 150 percent of the federal poverty level. There are no premiums.

State Policy for Enrolling Children from Kinship Care Families

In West Virginia, grandparents and other relative caregivers (kinship care families) may apply for Medicaid and WV CHIP on behalf of a child they are raising. To apply for coverage on behalf of a related child, grandparents and other relative caregivers:

- do not need to have legal custody or guardianship of the child;
- will not have their income considered by the state in determining the child's eligibility for coverage (regardless of the caregiver's status as legal custodian or guardian). Only the child's income (e.g., child support, social security death benefits, or a private trust) will be used to determine eligibility for health coverage unless the child's parents also live with the caregiver and the child;
- do not need to submit proof of the parents' income (or prove a lack of parental income) unless the child's parents also live with the caregiver and the child;
- do not need to prove their blood relationship to the child or that they are the child's full-time caretakers;
- must have the child living in their home, and the child must intend to remain in the state at the time of application. The child, however, need not have resided in the caregiver's home or in the state for a certain period of time before becoming eligible for benefits.

Expanding Outreach to Kinship Care Families

West Virginia advocates identify several barriers that prevent eligible children being raised by relative caregivers from obtaining health coverage under WV CHIP. Patricia White, Administrator for West Virginia Health Right, suggests that the state needs to simplify the application process to make it easier for grandparents and other relatives to enroll the children they are raising. "West Virginia should move to provide health care to these children when it's needed and let the paperwork follow," says White. "Children can get care in emergency rooms but once they are released they have no health coverage for follow-up care or medications." One simplification would be to use presumptive eligibility for all children, including those being raised by kinship care families. This would permit health care providers to declare children eligible at the time they receive health services.

White and other advocates believe that increased outreach efforts such as targeted advertising could educate more relative caregivers about their ability to apply for health insurance for the children they are raising. Dot Yeager, Interim Director of WV CHIP, reports that the state recently launched a radio advertising campaign and a direct mail effort to educate people about the health coverage program.

For more information about how to apply for WV CHIP, relative caregivers in West Virginia should call 1-877-WVA-CHIP (982-2447) or log on to http://www.wvchip.org.

WISCONSIN

Health Insurance for Children in Wisconsin

Wisconsin offers free or low-cost health insurance to eligible children through two programs:

- Medicaid provides free coverage to children ages five and under with family incomes up to 185 percent of the federal poverty level and to children ages six through 18 with family incomes up to 100 percent of the federal poverty level.
- BadgerCare, the state's CHIP program, provides coverage to uninsured children ages 18 and under with family incomes up to 185 percent of the federal poverty level who are not eligible for Medicaid. Once enrolled, children may remain in BadgerCare until the family income exceeds 200 percent of the federal poverty level. For families with incomes at 150 percent of the federal poverty level or above, a monthly premium is required based on family income. There are no co-payments.

State Policy for Enrolling Children from Kinship Care Families

In Wisconsin, grandparents and other relative caregivers (kinship care families) may apply for Medicaid and BadgerCare on behalf of a child they are raising. To apply for coverage on behalf of a related child, grandparents and other relative caregivers:

- do not need to have legal custody or guardianship of the child;
- will not have their income considered by the state in determining the child's eligibility for coverage (regardless of the caregiver's status as legal custodian or guardian). Only the child's income (e.g., child support, social security death benefits, or a private trust) will be used to determine eligibility for health coverage unless the child's parents also live with the caregiver and the child;
- do not need to submit proof of the parents' income (or prove a lack of parental income) unless the child's parents also live with the caregiver and the child;
- do not need to prove their blood relationship to the child or that they are the child's full-time caretakers;
- must have the child living in their home, and the child must intend to remain in the state at the time of application. The child, however, need not have resided in the caregiver's home or in the state for a certain period of time before becoming eligible for benefits.

Expanding Outreach to Kinship Care Families

Wisconsin advocates identify a number of barriers to relative caregivers obtaining health insurance for the children they are raising. One problem is that child welfare workers and county caseworkers are sometimes unfamiliar with the state's regulations with regard to the eligibility of children in kinship care families. Shirin Cabraal, a staff attorney at Legal Action of Wisconsin, reports that the state's kinship care population is "really hurt in this area." Cabraal notes that additional training and clarification of the state's policy for child welfare workers and county caseworkers would make it easier for grandparents and other relative caregivers to obtain BadgerCare.

Another difficulty, says Tanya Atkinson, Milwaukee Coordinator of the Wisconsin Council on Children and Families, is that once children are declared eligible for Medicaid and BadgerCare, kinship care families and others often experience delays before they receive the child's insurance card. Cabraal suggests that temporary cards should be issued immediately upon determination of eligibility, since most children living with grandparents and other relative caregivers are eligible for Medicaid or BadgerCare, and many children have special needs that require prompt medical services. Advocates also suggest that the state adopt a policy of presumptive eligibility, which would allow medical service providers to treat children they believe would be eligible for BadgerCare, even before the children are formally enrolled.

Wisconsin has placed BadgerCare health insurance outreach workers in hospitals, clinics, and other community-based organizations, but to date there has been no outreach specifically targeting grandparents and other relative caregivers. However, Ken Germanson of Community Advocates, Inc., reports that Grandparents Raising Grandchildren, a project of the University of Wisconsin Extension Division, is creating a guide to help grandparents apply to BadgerCare on their grandchildren's behalf.

For more information about how to apply for Medicaid and BadgerCare, relative caregivers in Wisconsin should call 1-800-362-3002 or visit the state's Web site at http://www.dhfs.state.wi.us.

WYOMING

Health Insurance for Children in Wyoming

Wyoming offers free health insurance to eligible children through two programs:

- Medicaid currently provides coverage to children ages five and under with family incomes up to 133 percent of the federal poverty level and to children ages six through 17 with family incomes up to 100 percent of the federal poverty level. The age limit will soon increase to include children age 18 with family incomes up to 100 percent of the federal poverty level.
- Wyoming Kid Care (Kid Care), the state's CHIP program, provides coverage to children ages 18 and under with family incomes up to 133 percent of the federal poverty level who are not eligible for Medicaid. No premiums or co-payments are required.

State Policy for Enrolling Children from Kinship Care Families

In Wyoming, grandparents and other relative caregivers (kinship care families) may apply for Medicaid and Kid Care on behalf of a child they are raising. To apply for coverage on behalf of a related child, grandparents and other relative caregivers:

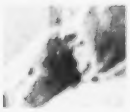
- do not need to have legal custody or guardianship of the child;
- will not have their income considered by the state in determining the child's eligibility for coverage (regardless of the caregiver's status as legal custodian or guardian), unless a court has ordered that the caregiver be financially responsible for the child. If no such court order exists, only the child's income (e.g., child support, social security death benefits, or a private trust) will be used to determine eligibility for health coverage unless the child's parents also live with the caregiver and the child;

- do not need to submit proof of the parents' income (or prove a lack of parental income) unless the child's parents also live with the caregiver and the child;
- do not need to prove their blood relationship to the child or that they are the child's full-time caretakers;
- must have the child living in their home, and the child must intend to remain in the state at the time of application. The child, however, need not have resided in the caregiver's home or in the state for a certain period of time before becoming eligible for benefits.

Expanding Outreach to Kinship Care Families

Advocates in Wyoming identify general problems in enrolling children in Medicaid and Kid Care, as well as difficulties experienced by relative caregivers in particular. Kathy Emmons of the Wyoming Children's Action Alliance notes that the stigma associated with Medicaid is a particularly difficult problem for the grandparent and relative caregiver population. "If eligibility were determined outside of the Department of Family Services," says Emmons, "it would help remove the stigma of applying for Medicaid, and we would see the enrollment numbers going up." Emmons also identifies worker attitude and training as obstacles to grandparents obtaining health services for their grandchildren. "Workers sometimes treat families poorly and as if they were asking for a handout, rather than trying to access health care for the children they are helping out."

For more information about how to apply for Medicaid, relative caregivers in Wyoming should call 1-800-251-1269 or log on to http://wdhfs.state.wy.us/WDH/medicaid.htm. For information about Kid Care, relative caregivers in Wyoming should call 1-888-996-8786 or log on to http://kidcare.state.wy.us.



Appendix A:

Children's Defense Fund's Child Health Outreach Resources and Activities

Insuring Children's Health: A Community Guide to Enrolling Children in Free or Low-Cost Health Insurance Programs

This community guide is designed to help local groups across the country inform families about the Children's Health Insurance Program (CHIP) and Medicaid and assist them through the enrollment process. It offers step-by-step instructions on how to organize strong outreach campaigns and suggests ways to engage schools, congregations, small businesses, and other members of the community in this effort. The community guide can be downloaded from the Children's Defense Fund's Web site at http://www.childrensdefense.org/ health-chip_toolkit.htm

Children's Defense Fund Health Listserv

The Children's Defense Fund provides updates and news on child health issues through a health listserv. To subscribe to the listserv, go to http://www.childrensdefense.org/listservs_chip.htm and follow the directions at the bottom of the page.

Spread the Word: Children's Health Outreach Contacts in the States

This Children's Defense Fund initiative provides state-specific eligibility and enrollment information for each state and includes links to each state's child health web site. It also provides a list of local children's health contacts in each state to help facilitate coordination of outreach activities. These resources are available online at http://www.childrensdefense.org/signthemuphealthy.htm.

Steps to Starting SHOUT at Your School: Student Health OUTreach Project

SHOUT—the Student Health OUTreach Project—is a student-run project of the Children's Defense Fund. The project works to engage high school and college students in the issue of children's health. Through various roles, students help to enroll eligible children in CHIP or Medicaid. This SHOUT manual will help students and faculty members start a project in their community. The manual can be downloaded from the Children's Defense Fund's Web site at http://www.childrensdefense.org/pdf/shout_toolkit.pdf. To subscribe to the SHOUT listserv, go to http://www.childrensdefense.org/SHOUT.html and follow the step-by-step directions.

Appendix A

Sign Them Up!: A Quarterly Newsletter About the Children's Health Insurance Program (CHIP)

A CDF Child Health Implementation Project publication, *Sign Them Up!*, contains national and state news and articles related to CHIP and Medicaid for children. It addresses issues such as barriers to enrollment, access to health services, and successful community partnerships and outreach strategies. The newsletter is available online at http://www.childrensdefense.org/signthemup.htm. To join the newsletter mailing list, please e-mail your name, organization, address, telephone, and fax to CDFhealth@childrensdefense.org.

All Over the Map: A Progress Report on the State Children's Health Insurance Program

This report ranks state progress in implementing CHIP; reviews recent trends in private and public insurance coverage; and makes recommendations for family-friendly enrollment, improved outreach, provider reimbursement rates, and information technology. This publication is available online at http://www.childrensdefense.org/health-publications.htm.

Accessing Health Services: Moving Beyond Enrollment

This report examines the value to families of enrolling their eligible children in a health insurance program and the importance of accessing health services once enrolled. It includes tools for reaching out to families and enrolling children in Medicaid and CHIP as well as resources for assisting families once they are enrolled. This publication is available online at http://www.childrensdefense.org/health-publications.htm.

Appendix B:

Selected National Kinship Care Organizations and Resources

AARP – Grandparent Information Center
601 E Street, NW
Washington, DC 20049
(202) 434–2296
(202) 434–6466 Fax
http://www.aarp.org/confacts/programs/gic.html

Provides an extensive range of services including a listing of local support groups for grandparents and other relatives, newsletters, and useful publications.

The Brookdale Foundation Group
126 East 56th Street
New York, NY 10022
(212) 308–7355
(212) 750–0132 Fax
http://www.ewol.com/brookdale

The Brookdale Relatives as Parents Program (RAPP) provides seed grants to support local and state agencies serving grandparents and other kin who have become the primary caretakers of their grandchildren.

Casey National Center for Resource and Family Support
1808 Eye Street NW, 5th Floor
Washington, DC 20006
(202) 467–4441 or 1–888–295–6727
(202) 467–4499 Fax
http://www.casey.org/cnc

The Casey National Center provides comprehensive information about policies, programs, and practices for retaining, recruiting, and supporting foster, adoptive, and kinship care families.

Children's Defense Fund
25 E Street, NW
Washington, DC 20001
(202) 628–8787
(202) 662–3550 Fax
http://www.childrensdefense.org

Provides information and resources on issues facing grandparents and other relative caregivers inside and outside of the child welfare system.

Appendix B

Child Welfare League of America
440 First Street NW, Third Floor
Washington, DC 20001
(202) 638–2952
(202) 638–4004 Fax
http://www.cwla.org

Offers resources and information to grandparents and other caregivers raising children inside and outside of the child welfare system and sponsors an excellent biennial conference on kinship care.

Generations United
122 C Street, NW – Suite 820
Washington, DC 20001
(202) 638–1263
(202) 638–7555 Fax
http://www.gu.org

Offers information and advocacy relating to grandparent caregivers, including information on state and federal legislation, educational enrollment issues, and subsidized guardianship.

The Urban Institute
2100 M Street NW
Washington, DC 20037
(202) 833–7200
(202) 452–1840
http://www.urban.org

Provides numerous reports about the challenges that kinship care providers face as well as other information pertaining to grandparents and relative caregivers inside and outside of the child welfare system.

Appendix C:

Survey Questionnaire on Medicaid and CHIP Enrollment of Children Raised by Relative Caregivers (sent to all states by the Children's Defense Fund)

Introduction: Children Raised by Relative Caregivers

- Nationally, there are 5.4 million children living in homes headed by a relative other than a parent. Thirty-nine percent – 2.1 million of these children – are being raised solely by grandparents or other relatives *with no parents present* in the household. In the past ten years alone, the number of grandparents raising their grandchildren has doubled.[1] These so-called "informal" relative caregivers provide a vital safety net for vulnerable children who might otherwise be channeled unnecessarily into the foster care system.
- It is estimated that states typically place 20 to 40 percent of foster children with members of their extended families.[2] In 1997, approximately 200,000 children were in foster homes with relatives, accounting for 29 percent of all foster care placements.[3]
- Despite their commitment to the children they are raising, many relative caregivers do not have court-ordered legal authority over the children they are raising. The process of getting legal custody or guardianship can be adversarial, time-consuming, and expensive. As a result, caregivers sometimes have difficulties obtaining the same public benefits and services available to parents on behalf of their children (e.g. problems enrolling the children in school, authorizing medical treatment, or qualifying for public housing).
- These barriers are especially intense for lower-income relative caregivers. One study found that grandparent caregivers are 60 percent more likely to live in poverty than grandparents without the same full-time caregiving responsibilities.[4] The 1990 U.S. Census estimated that 27 percent of children living with relative caretakers live in poverty.[5]
- Health coverage is essential for children raised by relative caregivers. These children often have a range of special physical and mental health needs, sometimes related to their parents' substance abuse. Complications from premature birth and drug addiction, low birth weight, Fetal Alcohol Syndrome, Attention Deficit Hyperactivity Disorder (ADHD), learning and behavioral problems, and illnesses such as HIV/AIDS are particularly common among this group of children.[6]
- Relative caregivers may have difficulty obtaining health coverage for the children they are raising through Medicaid and state Children's Health Insurance Programs (CHIP) due to confusion about legal guardianship requirements, income eligibility, application procedures, and inconsistent case administration. Many states have overcome these potential barriers with application procedures and outreach materials that clearly state that relative caregivers can apply for health coverage on behalf of eligible children.

Appendix C

CHIP and Medicaid Enrollment Survey: Expanding Health Care Coverage for Children Raised by Relative Caregivers

CDF believes that all children deserve a healthy start in life. Enrolling all eligible children in Medicaid and CHIP is an important first step towards this goal. Eligible children raised by relative caregivers without their parents present may exhibit a range of physical and mental health needs, sometimes related to parental substance abuse or earlier child abuse or neglect, yet little is known about whether or not this group of children is successfully obtaining appropriate health care coverage. More information is needed from state Medicaid and CHIP program administrators, state outreach materials, and children's health advocates to determine the most effective strategies for reaching out to these children, and how states are successfully overcoming any existing enrollment barriers.

CDF's state-by-state survey will: (a) review state policies and practices to determine how welcoming they are to eligible children being raised by a relative caregivers with no parent present; and (b) highlight effective strategies being used by states and advocates to encourage enrollment of children raised by relative caregivers. Based on the results of the survey, CDF will recommend new strategies states and children's health advocates can use to eliminate any existing barriers identified in the course of the survey. To accomplish these goals, the survey will consist of:

- A survey and follow-up telephone interview with appropriate CHIP and Medicaid program administrators in each state to identify state policies and practices with regard to children raised by relative caregivers (e.g., legal custody requirements, income methodologies, residency requirements, etc.);
- A review of state Medicaid and CHIP applications (for some states, a combined application) and accompanying instructions to determine whether the applications specify that non-parents may or may not apply for health coverage for the children under their care;
- A review of each state's basic Medicaid and CHIP outreach flyer, pamphlet or informational brochure to determine whether kinship care families are included in state outreach efforts;
- A phone interview with children's health advocates participating in the Robert Wood Johnson Foundation's Covering Kids Initiative and other key state advocates to help identify any health insurance barriers faced by children raised by relatives and to highlight any effective strategies to facilitate their enrollment in Medicaid and CHIP programs.

[1] U.S. Bureau of Census, Current Population Reports (P20-514), Marital Status and Living Arrangements: March 1998 Update. Washington, DC: Author.

[2] Rob Geen, Rebecca Clark, and Jennifer Ehrle, "A Detailed Look at Kinship Caregiving." Paper presented at the 21st Annual Public Policy Analysis and Management Research Conference, Washington, D.C., Urban Institute, November 5, 1999.

[3] *Ibid.*

[4] Fuller-Thompson and E. Minkler, "A Profile of Grandparents Raising Grandchildren in the United States," *The Gerontologist* 37(3): 406-411 (1997).

[5] *Supra*, note 1.

[6] Carol M. Musil, Susan Schrader, and John Mutikani, "Social Support, Stress, and Special Coping Tasks of Grandmother Caregivers." In Carole B. Cox (Ed.), *To Grandmother's House We Go and Stay*, (New York: Springer, 2000) pp.56-70.

Survey of State Policies and Practices

A. MEDICAID PROGRAM

Survey faxed to: Date:

Date of phone interview: Time:

Length of phone interview:

Follow-up conversations with interview contact: _____

_____

_____

_____

Interview contact information:

Name: _____

State agency: _____

Title: _____

Address: _____

_____

Phone: _____ Fax: _____

E-mail: _____ Agency website: _____

Medicaid Hypothetical:

A maternal grandmother is raising her 5-year-old granddaughter. The granddaughter has no income of her own and no health insurance coverage. The grandmother lives on social security benefits totaling $15,000 in gross annual income. The child's biological parents are unemployed and do not live in the same household.

1. Assuming that the child is otherwise eligible for Medicaid, would the grandmother be able to apply for and obtain Medicaid coverage for her granddaughter in the hypothetical above?

_____

_____

_____

_____

Nature of the Caregiving Relationship

2. Based on the hypothetical above, would the grandmother be required to have court-ordered legal custody or guardianship in order to obtain Medicaid coverage for her granddaughter? _____. If so, please explain the nature of this requirement and what documentation the agency requires to prove a legal relationship. _____

_____

3. If the agency does not require the grandmother to have legal custody or guardianship of her grandchild, would she be required to prove her blood relationship to her granddaughter in order to obtain Medicaid for her granddaughter?_____. If so, what documentation would the agency require to prove a blood relationship? _____

_____

4. If the agency does not require the grandmother to have legal custody or guardianship of her grandchild, would she be required to prove that she is the full-time caregiver of her granddaughter in order to obtain Medicaid for her granddaughter?_____. If so, what documentation would the agency require to prove a full-time caregiving relationship.

_____

_____

5. Would it matter whether the relative with whom the child was living was an aunt or relative other than a grandparent? If so, please explain? _____

_____

Income Eligibility

6. If the grandmother has court-ordered legal custody or guardianship of her granddaughter, would the agency count the grandmother's income in determining the granddaughter's Medicaid eligibility? _____. Would the grandmother's assets be counted? (only applies to those states that still have asset tests) _____
If so what kind of documentation would the grandmother be required to present? _____

_____

_____

7. If the grandmother does not have court-ordered legal custody or guardianship of her granddaughter, would the agency count the grandmother's income in determining the granddaughter's Medicaid eligibility? _____. Would the grandmother's assets be counted? (only applies to those states that still have asset tests)? _____

_____

If so what kind of documentation would the grandmother be required to present?

_____

_____

_____

8. If the child's biological parents do not reside in the same household as the grandmother and grandchild, would the agency require the grandmother to submit any information about the parents' income (or prove lack of income) in determining the granddaughter's Medicaid eligibility? _____. If so what kind of documentation would the grandmother be required to present? _____

Residency

9. Would the agency require the granddaughter to have resided in the state for a specified period of time before the grandmother could apply for Medicaid on her behalf? _____ If so, please explain the nature of this requirement. _____

_____

_____

_____

10. Would the agency require the granddaughter to have resided in the same household with her grandmother for a specified period of time before the grandmother could apply for Medicaid on her behalf? _____ If so, please explain the nature of this requirement. _____

County-by-County Variation

11. In your state, is there any county-by-county variation in the eligibility requirements described above regarding the caregiving relationship, income, and residency? _____. If so, please explain the nature of this variation. _____

General Questions

12. Has your agency targeted any specific outreach efforts towards getting health care to eligible children being raised by grandparents and other relative caregivers? If so, please explain the nature of these targeted outreach activities. What is the name and contact information for the person in charge of these outreach activities? _____

13. Are you aware of any current barriers that might keep children raised by grandparents and other relative caregivers from obtaining Medicaid coverage in your state? If so, please explain the nature and extent of these barriers. _____

14. Does your agency have any current plans to change any of its Medicaid policies and practices with regard to children raised by grandparents and other relatives? If so, please describe the changes you are considering. _____

15. Does your agency maintain any data on the number of children living with relative caregivers who are currently receiving Medicaid? _____ If so, what are your current figures? _____

B. CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

Survey faxed to: Date:

Date of phone interview: Time:
Length of phone interview:

Follow-up conversations with interview contact: _____

_____

_____

_____

Interview contact information:

Name: _____

State agency: _____

Title: _____

Address: _____

_____

Phone: _____ Fax: _____

E-mail: _____ Agency website: _____

CHIP Hypothetical:

A maternal grandmother is raising her 5-year-old granddaughter. The granddaughter has no income and no private health insurance coverage. The grandmother lives on a private pension and social security for a total of $21,000 in annual income. The child's biological parents are unemployed and do not live in the household.

1. Assuming that the child is otherwise eligible for CHIP, would the grandmother be able to obtain CHIP coverage for her granddaughter based on the hypothetical above? _____

_____

_____

_____

_____

Nature of the Caregiving Relationship

2. Based on the hypothetical described above, would the grandmother be required to have court-ordered legal custody or guardianship in order to obtain CHIP coverage for her granddaughter? _____. If so, please explain the nature of this requirement and what documentation the agency requires to prove a legal relationship. _____

_____

_____

_____

_____

3. If the grandmother is not required to have legal custody or guardianship of her granddaughter, would she be required to prove her blood relationship to her granddaughter in order to obtain CHIP coverage for her granddaughter?____. If so, what documentation would the agency require to prove a blood relationship? _____

4. If the grandmother is not required to have legal custody or guardianship of the child, would she be required to prove that she is the full-time caregiver of her granddaughter in order to obtain CHIP coverage for her granddaughter? _____. If so, what documentation would the agency require to prove a full-time caregiving relationship? _____

5. Would it matter whether the relative with whom the child was living was an aunt or relative other than a grandparent? If so, please explain. _____

Income Eligibility

6. If the grandmother has court-ordered legal custody or guardianship of her granddaughter, would the agency count grandmother's income in determining the granddaughter's CHIP eligibility? _____. If so what kind of documentation would the grandmother be required to present? _____

7. If the grandmother does not have court-ordered legal custody or guardianship of her granddaughter, would the agency count grandmother's income in determining the granddaughter's CHIP eligibility? If so, would the grandmother have to pay a premium or co-payment?

8. If the child's biological parents do not reside in the same household as the grandmother and grandchild, would the agency require the grandmother to submit any information about the parents' income (or prove lack of income) in the CHIP determination process? _____. Would the grandmother have to pay a premium or co-payment? _____

Residency

9. Would the agency require the granddaughter to have resided in the state for a specified period of time before the grandmother could apply for CHIP on her behalf? _____ If so, please explain. _____

10. Would the agency require the granddaughter to have resided in the same household with her grandmother for a specified period of time before the grandmother could apply for CHIP on her behalf? _____ If so, please explain. _____

County-by-County Variation

11. Is there any county-by-county variation in the eligibility requirements described above regarding caregiving relationship, income, and residency? _____. If so, please explain.

General Questions

12. Has your agency targeted any specific outreach efforts towards getting health care to children being raised by grandparents and other relative caregivers? If so, please explain the nature of these targeted outreach activities. What is the name and contact information for the person in charge of these outreach activities? _____

13. Are you aware of any current barriers that might keep children raised by grandparents and other relative caregivers from obtaining CHIP coverage? If so, please explain the nature and extent of these barriers. _____

14. Are you aware of any current plans your agency has to change any of its policies and practices with regard to children raised by grandparents and other relatives? If so, please describe the changes you are considering? _____

15. Does your agency maintain any data on the number of children living with relative caregivers who are currently receiving CHIP? _____ If so, what are your current figures?

Appendix D:

Resources on Medicaid and CHIP Eligibility for Immigrant Children and Families

Relevant Publications

Sign Them Up! Newsletter – Comprehensive Immigrant Outreach Through Building Community Partnerships

The Fall 2000 edition of *Sign Them Up!*, CDF's quarterly newsletter about CHIP, focuses on the effectiveness of comprehensive immigrant outreach strategies in enrolling children in the Children's Health Insurance Program or Medicaid. Articles highlight federal and state partnerships that are working to inform and educate immigrant families about the availability of health insurance for their children and alleviate any confusion, fear, or cultural barriers that may be preventing immigrants from accessing health services. *Sign Them Up!* is available online at http://www.childrensdefense.org/signthemuphealthy.htm.

The Access Project and the National Health Law Program – Immigrant Access to Health Benefits: A Resource Manual

This manual is a primer on health access for immigrants. It details and explains basic eligibility requirements for key federal and state programs and identifies issues that can be significant barriers to accessing health care for immigrants and their families. The manual is available through The Access Project by calling (617) 654-9911 or by emailing info@accessproject.org.

The Kaiser Commission on Medicaid and the Uninsured – Immigrants' Health Care: Coverage and Access

This report highlights recent work on health coverage and access for immigrant populations, including information on demographics, changes in public policies that affect immigrants, the role of citizenship status on health coverage, and other potential barriers to services for the immigrant population. The report is available on the Kaiser Family Foundation Web site at http://www.kff.org. Printed copies of the report (#2203) are available by calling the Foundation's publications request line at (800) 656-4533.

The Kaiser Commission on Medicaid and the Uninsured – Medicaid Eligibility and Citizenship Status: Policy Implications for Immigrant Populations

This policy brief gives an overview of Medicaid eligibility and citizenship status, including a discussion of recent policy changes. It also includes information on immigrant eligibility for other public programs and discusses the impact of sponsor deeming and public charge on health coverage of immigrants. This policy brief is available on the Kaiser Family Foundation Web site at http://www.kff.org. Printed copies of the report (#2201) are available by calling the Foundation's publications request line at (800) 656-4533.

Appendix D

UCLA Center for Health Policy Research and the Henry J. Kaiser Family Foundation — Racial and Ethnic Disparities in Access to Health Insurance and Health Care

This report provides comprehensive information about coverage under public and private health insurance programs, access to care, and demographics such as citizenship, education levels, and work status within the Latino, African American, Asian American/Pacific Islander, and Native American/Alaska Native populations.

This report and individual fact sheets on health insurance coverage and access for each of these minority populations are available on the Kaiser Family Foundation Web site at http://www.kff.org or on the UCLA Center for Health Policy Research Web site at http://www.healthpolicy.ucla.edu. Printed copies of the report (#1525) and fact sheets are available by calling the Foundation's publications request line at (800) 656-4533.

Organizational Resources

Immigration and Naturalization Service
http://www.ins.usdoj.gov

The Immigration and Naturalization Service in the U.S. Department of Justice is responsible for enforcing the laws regulating the admission of foreign-born persons to the United States and for administering various immigration benefits including naturalization/citizenship for qualified applicants.

National Council of La Raza
http://www.nclr.org

The National Council of La Raza (NCLR) is a private nonprofit, nonpartisan organization that helps reduce poverty and discrimination and improve life opportunities for Hispanic Americans. NCLR is the largest constituency-based national Hispanic organization, serving all Hispanic nationality groups in all regions of the country.

National Immigration Law Center
http://www.nilc.org

The mission of the National Immigration Law Center (NILC) is to protect the rights of low-income immigrants and their family members. NILC conducts policy analysis and impact litigation and provides publications, technical advice, and training to a broad constituency of legal aid agencies and community groups. Publications are available on affidavits of support, public charge, sponsorship requirements, and immigration rights.

Appendix E:

Children's Health and Health Insurance Resources and Organizations

Policy and Research Organizations

Center for Health Care Strategies
http://www.chcs.org

A private, nonprofit policy and resource center whose activities include providing technical assistance and information to groups that work to provide health care to children and families in low-income communities; funded as a program office by the Robert Wood Johnson Foundation.

Center on Budget and Policy Priorities
http://www.cbpp.org

A private, nonprofit policy institute that conducts research and analysis on a range of government policies and programs, with an emphasis on those affecting low- and moderate-income people.

Children's Dental Health Project
http://www.childent.org

A private, nonprofit policy research organization dedicated to improving children's oral health and increasing their access to dental care. Provides technical assistance and information services to policy makers, health care providers, and parents. CDHP is affiliated with the American Academy of Pediatric Dentistry and the American Academy of Pediatrics.

Children's Partnership
http://www.childrenspartnership.org

A private, nonprofit research organization that conducts policy research and analysis on emerging issues affecting children, including implementation of CHIP.

Maternal and Child Health Policy Research Center
http://www.mchpolicy.org

An independent health policy group whose projects include researching the design of CHIP programs and implementation of children's health insurance coverage.

Mathematica Policy Research, Inc.
http://www.mathematica-mpr.com

A private, nonprofit policy research and analysis firm that evaluates federal and state government programs including children's health insurance and welfare programs; affiliated with the Center for Studying Health System Change.

National Academy for State Health Policy
http://www.nashp.org

A private, nonprofit policy analysis organization that conducts studies, convenes meetings, and provides technical assistance to states. Current programs include a CHIP implementation program.

Other National Organizations

American Academy of Pediatrics
http://www.aap.org

A national membership organization with state chapters, national committees, and national professional and legislative staff. AAP provides continuing education, develops position statements, and disseminates information about pediatric health concerns.

American Public Human Services Association
http://www.aphsa.org

A membership organization whose members include all state and many territorial human service agencies. APHSA educates its own members, members of Congress, and the media on the status of welfare, child welfare, health care reform, and other issues involving families and the elderly.

Child Welfare League of America
http://www.cwla.org

A private, nonprofit membership organization that seeks to improve the quality of life for at-risk children through direct services and policy research.

Children's Defense Fund
http://www.childrensdefense.org

A private, nonprofit organization that provides technical assistance, public education, and policy research and advocacy in a variety of areas affecting children, including child health and CHIP and Medicaid.

Families USA
http://www.familiesusa.org

A private, nonprofit organization working at the national, state, and local levels to ensure high quality, affordable health care for all.

Family Voices
http://www.familyvoices.org

A family advocacy organization that focuses on the health care of children with special needs.

Federation of Families for Children's Mental Health
http://www.ffcmh.org

A national, parent-run organization focused on the needs of children and youths with emotional, behavioral, or mental disorders and their families.

National Association of Child Advocates (NACA)
http://www.childadvocacy.org

A national membership organization of state child advocacy organizations that focuses, among other issues, on CHIP implementation.

National Association of Children's Hospitals
http://www.childrenshospitals.net/nach

A nonprofit membership association that helps children's hospitals address public policy issues pertaining to children's health, health care financing, graduate medical education, and more.

National Governor's Association (NGA) and NGA Center for Best Practices
http://www.nga.org

An organization whose members are the nation's governors. Projects include improving maternal and child health and examining implementation of state CHIP programs.

National Mental Health Association
http://www.nmha.org

An organization that addresses all aspects of mental health and mental illness. With 340 affiliates nationwide, NMHA works to improve the mental health of all Americans through advocacy, education, research, and service.

Specialty Health Care Providers and Others

Children's Health Fund
http://www.childrenshealthfund.org

CHF provides health care to medically underserved children through the development and support of innovative primary care medical programs, such as mobile vans.

Covering Kids
http://www.coveringkids.org

A national, three-year, outreach initiative sponsored by the Robert Wood Johnson Foundation that focuses on CHIP and Medicaid enrollment.

Kids Count
http://www.aecf.org/kidscount

An Annie E. Casey Foundation initiative, Kids Count is a national and state-by-state effort to monitor the status of children in the United States.

Southern Institute on Children and Families
http://www.kidsouth.org

A public policy organization that focuses on improving the lives of disadvantaged children in the South, including facilitating access to health care.

Government Agencies

Health Care Financing Administration
http://www.hcfa.gov

The agency in the Department of Health and Human Services that administers Medicare, Medicaid, and the State Children's Health Insurance Program (CHIP), in collaboration with other agencies.

Insure Kids Now
http://www.insurekidsnow.gov

Insure Kids Now provides information to families with children who qualify for CHIP; also supplies information on state programs and various tools for outreach in communities and schools.

Report Endnotes

1 U.S. Bureau of the Census, Current Population Survey, March 1999 and March 2000. Calculations by the Children's Defense Fund.

2 U.S. General Accounting Office, *Employment-based Health Insurance: Costs Increase and Family Coverage Decreases* (Washington, DC: Government Printing Office, February 1997).

3 U.S. Department of Human Services, Health Care Financing Administration, *Medicaid Data from HCFA 2082 Reports*, August 15, 1999 and January 27, 2000.

4 *Ibid.*

5 *Supra*, note 1.

6 U.S. Bureau of the Census, Current Population Reports (P-20-450), "Marital Status and Living Arrangements: March 1990" (Washington, DC: May 1991). U.S. Bureau of the Census, Current Population Reports (P-20-514), "Marital Status and Living Arrangements: March 1998 Update" (Washington: October 1998).

7 *Ibid.*

8 *Ibid.*

9 Casper, L.M. & Bryson, K.R., *Co-resident Grandparents and Their Grandchildren: Grandparent-maintained Families*. Population Division Working Series #26 (Washington, DC: 1998).

10 Fuller-Thompson and E. Minkler, "A Profile of Grandparents Raising Grandchildren in the United States," *The Gerontologist* 37, No. 3 (1997).

11 *Supra* note 9.

12 Jennifer Ehrle, Rob Geen, and Rebecca Clark, *Children Cared for By Relatives: Who Are They and How are They Faring* (Washington, DC: The Urban Institute, February 2001).

13 *Supra*, note 9.

14 August 20, 2000, *Federal Register*, Vol. 65, No. 169, page 52762 *et seq.*

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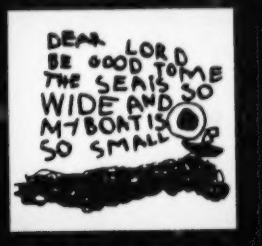

Children's Defense Fund

25 E Street, NW
Washington, DC 20001
202-628-8787
www.childrensdefense.org